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A Flash Review

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Assessing the Role of Collaboration in Public Health Practice: A Flash Review¹²³

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Mesh terms and keywords

Collaboration, public health, primary healthcare units, primary care, hospitals, COVID-19

Question

Public health in Canada is facing a uniquely intense period in its history due to the dawn of the COVID-19 pandemic and the challenges it posed to the healthcare sector. In order to expand the scale of operations and emergency services, public health units and hospitals across all levels, working in collaboration to decide what specific interventions need to be mobilized, in Canadian jurisdictions. These collaborative partnerships enabled healthcare providers to build a common knowledge and appreciation for collective work during the work in an emergency environment as well as in routine practice.

In this flash review, we unpack the importance of collaborative partnerships between public health and hospitals, non-healthcare sectors and academic institutions. We also present the latest evidence available on such collaborative partnerships and how beneficial they are in public health practice.

Review/search strategy

A search was conducted on PubMed using the words “collaboration in public health”, “Collaboration AND public health, “Collaboration AND primary care” OR “hospitals”, “non-healthcare”. Mesh terms such as “collaboration” AND “public health” AND “primary care” AND “hospitals” AND “nongovernmental” were also employed to gather studies specific to our research question. In addition, Google Scholar and snowball searches were conducted to obtain relevant literature. We restricted our search to studies in English, published not more than 10 years ago, and involves only the North American studies. Articles found were added to Google scholar for references management in APA style.

Findings/Discussion

The literature suggests that collaborative partnerships are required to tackle large issues. The spectrum of collaboration is very wide and diverse, consisting of collaborative arrangements between public health units, primary care, hospitals, and non-healthcare sectors. A study reviewing evidence on community coalitions to reduce health inequalities among minority groups (Anderson et al. 2015) concluded that community coalition-driven interventions could benefit minority populations significantly. Similarly, a scoping review looked at collaborations between primary care and public health, processes required for successful collaborations, and their outcomes. It was established that collaboration between primary care and public health is believed to enable more effective individual and population services than what might be achieved by either alone (Akhtar-Danesh et al., 2013). Another cross-sectional study in Ontario (Michael E. Green et al. 2013) explored the integration of public health units and family health teams and provided potential areas of common interest on which they can collaborate such as

promoting prenatal health, nutrition, counselling, and smoking cessation. This study also suggested that primary care units and public health organizations in Ontario lack clear direction from the Ministry of Health and Long-Term Care regarding opportunities and expectations for collaboration between family health teams as well as dedicated funding to support collaboration.

Nongovernmental organizations (NGOs) are involved in various areas to accomplish goals related to culture, society, philanthropy, expertise, and industry. When assessing NGOs operating in the health sector, it is important to consider their unique features and capabilities in addition to the obvious differences from government agencies. These features include their smaller size, straightforward management processes, greater practical freedom, and lower costs. NGOs are also less susceptible to political interference from governments, more adaptable to change, more dedicated to program implementation and achieving predetermined objectives, and more responsive to community needs. These characteristics have made NGOs a highly valued resource for policymakers and decision-makers in their efforts to improve public health. NGOs have the ability to fully utilize their capabilities by collaborating with the public sector and providing necessary services to various segments of society, particularly in situations where the government is unable to meet the needs of all groups due to technical or administrative incapacity or, more significantly, limited financial resources (Rajabi et al., 2021). Many studies revealed that coordinated and harmonized collaboration with NGOs can lead to an effective response to crises. During the COVID-19 pandemic, numerous studies indicated that NGOs played a critical role in the collaborative approach to addressing public health emergencies (Samat et al., 2021). Another study findings imply that policy measures that enabled NGOs to promptly engage in healthcare can enhance the effectiveness of responses to ongoing and future epidemic outbreaks (Shin et al., 2018).

While there is a good amount of literature on collaborations with health sector organizations, the public health department's collaboration with non-healthcare sectors needs to be explored further. A recent study in the United States investigated the collaborations between state health departments and different organizations addressing chronic diseases in and outside the health sector. The study highlighted how tobacco and obesity programme areas had high collaboration heterogeneity with non-healthcare sectors as compared to cancer, diabetes, and cardiovascular areas (Tsai et al. 2022). Another study by High Alderwick et al. 2021, emphasized that collaborations between healthcare and non-healthcare units can improve population health however, factors such as collaboration types (nationally or internationally), and context of collaboration play an important role. We have evidence suggesting how community health and equity are improved when different organizations such as municipal, faith-based, and social institutions are far more accessible and effective in addressing chronic diseases (Stephanie Mazzucca et al. 2021). It is worth mentioning that while healthcare sectors provide screenings,

primary care, and hospitalizations, services like transportation, education, and housing which improve the social determinants of health, remain outside the healthcare sector. To explore that and look at more positive impacts of collaborations, Herdiana H, et al. 2018 did a review of collaboration between health and a range of non-health sectors such as education and housing to prevent and control the vector-borne disease. It found positive effects in most of the studies that measured outcomes, including incidence and prevalence of the disease.

The importance of collaboration between all areas of public health is further highlighted during the COVID-19 pandemic. A qualitative study in Ontario, Alberta, and Quebec concluded that COVID-19 created a need of intensified collaborations, strengthened pre-existing partnerships, and created new between the healthcare sectors, primary care units and acute care of these provinces (Sandhu Harman S. et al. 2022). As the pandemic required collaboration across all sectors of society, it laid down the importance of stronger relations between public health academia as well. The literature suggests that partnerships between academia and the community increase evidence-based practices and decision-making (Erwin et al. 2019; TC Turin et al. 2022; Amy Drahota et al. 2016). A study by Leser Kendall A and colleagues (2022) highlighted how formalized academic–health department partnerships doubled contact tracing for the community, a greater number of community residents successfully quarantined and isolated and hence, slowed the spread of the pandemic. Another study from the United States concluded that formal collaboration between local health units and academia received higher perceived organizational support for evidence-based decision-making and interventions compared with either informal or no partnerships (Erwin et al. 2019).

Further, the history of collaboration between public health and hospitals is not new. In the United States, the importance of collaboration between public health and hospitals was recognized in the Patient Protection and Affordable Care Act of 2010 (Pub. L. No. 111-148, 124 Stat. 119 (March 23, 2010)). This resulted in the Internal Revenue Service (IRS) now requiring tax-exempt hospitals to conduct community health needs assessments at least every three years in cooperation with people and groups, including a public health department or equivalent agency. Similarly, the Association of State and Territorial Health Officials (ASTHO), working with Duke University and the de Beaumont Foundation, developed the ASTHO Integration Forum to promote discussion on primary care and public health collaboration (Association of State and Territorial Health Officials. Integration Forum history [cited 2016 May 6]). Another study explored the effects of collaborations between local health departments and non-profit hospitals and found several healthy behaviours arising from this collaboration including not smoking, eating vegetables daily, and vigorous workout (Cramer, G.R et al. 2021). In Canada, a qualitative survey (R. K Valaitis et al. 2018) provided important insight into intrapersonal, interpersonal, organizational, and systemic factors that promote successful collaboration between local health units and regional health authorities.

Conclusion

In conclusion, collaborative partnerships are essential in addressing public health issues, and the spectrum of collaboration is diverse and extensive. Collaborations between public health units, primary care, hospitals, and non-healthcare sectors have been shown to be effective in improving public health outcomes. Additionally, collaboration with NGOs is essential, and their unique features and capabilities can be fully utilized by collaborating with the public sector to provide necessary services to various segments of society.

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