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Perspectives on Research among Kansas County Health Department Administrators

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Abstract

Collaborations between academic researchers and local practitioners build on the strengths of both parties, however, several barriers often prevent the development of such partnerships. The purpose of this focus group study was to gain a better understanding of perceived barriers and benefits of developing academic partnerships from the perspective of local health department administrators throughout the state of Kansas. Six focus groups (n = 49) were conducted with local health department administrators from 50% of the state's counties. Verbatim transcripts were coded by three independent investigators, and the research team reached consensus on the major themes. Five saturated themes emerged: 1) Perceptions about research varied but were initially negative, 2) Barriers to engaging in research included limited capacity and poor perceived relevance, 3) Perceived benefits of research were largely related to professional growth and practice improvement, 4) Uncertainty existed about how research fits into their professional role, and 5) University researchers were perceived as out of touch with community needs. Participants' negative perceptions of research were influenced by a lack of resources, time, and skills, and a lack of connection between research activities and primary clinical responsibilities. However, despite many negative perceptions, research was rated as highly important. Findings have implications for strategies to engage LHDs in academic collaborations such as targeting research projects to fill an existing need identified by LHD staff.

Keywords

research to practice; participatory research; local health departments; qualitative research

Partnerships between local organizations and academic researchers are being increasingly recognized as essential for developing health promotion programs that are sustainable, appropriately targeted to the needs of the community, and effective. Participatory models of research that actively engage local organizations and communities in a collaborative research process have become central to the public health agendas of national health organizations. Community-based participatory research has been defined as “a collaborative process that equitably all parties in the research process and recognizes the unique strengths that each brings.”² The Institute of Medicine has identified this as a key new area for public

health curricula,¹ and many philanthropic, foundation, and federal organizations have begun providing support for participatory research.²

Collaboration and partnership offer the opportunity to build on the strengths of both academic researchers and local practitioners. Academic researchers may benefit from partnerships with local health departments (LHDs) in numerous ways, including increasing their knowledge and understanding of effective intervention strategies, stimulating externally valid research questions, building relationships that may lead to greater support for research, and allowing for long-term program evaluations. In turn, LHDs and their communities may benefit from gaining access to state-of-the-art, empirically-supported interventions, obtaining additional funding or staff, and increasing their knowledge and skills with research methods, one of the 10 Essential Services of Public Health.³

Despite these mutual benefits, several barriers arising out of different needs often prevent academic researchers and local organizations from developing successful partnerships. For example, LHDs may be primarily interested in bringing services to their communities, whereas researchers are interested in generating knowledge that expands beyond a particular community. Whereas LHDs may focus on delivering services with limited resources, academic researchers face pressures to publish and obtain grant support for their research.⁴ Efforts are needed to bridge barriers and develop stronger partnerships between public health practitioners at the local level and researchers in university settings.

LHDs are a largely untapped resource for building public health academic-community collaborations. LHDs that deliver services at the local level represent the core of the government public health foundation. LHDs are “units of local or state government concerned with health, and carrying some responsibility for the health of a jurisdiction smaller than a state.”⁵ LHDs operate in every state except Rhode Island, with nearly 3000 units across the U.S. LHDs vary greatly in capacity and resources, yet they all strive to carry out public health essential services to evaluate, engage, coordinate, educate, protect, and provide health services to local communities. Despite their central role in local public health, less than half of LHDs report that they collaborate with a university.⁵

Little to no research has been conducted to assess perceptions of research and academic collaborations among LHD staff. Thus, this qualitative study aims to gain a better understanding of potential barriers to and benefits of developing academic partnerships from the perspective of LHD administrators or directors throughout the state of Kansas. The study also explores perceptions of research and current research activities among these public health practitioners. Because LHDs are part of a broad-based, government-supported infrastructure, understanding the perspective of LHD leaders has implications for developing sustainable partnerships across multiple regions and communities.

METHODS

Participants and Setting

The state of Kansas includes 105 counties and 101 separate LHDs. With a few exceptions, the health departments are under the jurisdiction of the county commissioners who collectively serve as the counties’ Boards of health. LHDs receive guidance in programmatic funding and public health essential services from the Kansas Department of Health and Environment (KDHE) Office of Local and Rural Health via quarterly regional meetings, newsletters, and regular correspondence with KDHE staff. This decentralized structure of local health is similar to 30 other states in the U.S. In Kansas, 30% of the population is rural with fewer than 40 persons per square mile,⁶ and 83% of LHDs are located in rural counties.

LHD administrators/directors typically have a nursing degree and a minority also have a graduate degree in public health. They manage the operations of their health department, with a contracted physician as a medical advisor. Scope of service and staff size in Kansas LHDs vary widely, from 2 to 150 personnel, depending on the size of the county. Funding for public health operations is obtained from federal and state grants, local tax revenue, and fee for service for clinical services.

For the current study, administrators/directors were invited to participate in a focus group discussion held during each of the six KDHE Regional Public Health meetings in Spring, 2008. Administrators from all 101 LHDs in the state are invited to attend these quarterly meetings. The focus group moderator was introduced by KDHE staff at the beginning of each meeting, and the researchers made no contact with LHD staff prior to the meetings. All meeting attendees provided informed consent and participated in the study.

Procedure

Six focus groups were conducted over a six week period. A psychologist with training in focus group facilitation moderated the focus groups. Participants completed a brief 5-minute pre-focus group survey on demographic information, past experience with research, perceived importance in conducting research in their position, perceived importance of collaborating with university partners, and confidence in performing research activities (rated on 10-point scale from 'not at all important/confident' to 'extremely important/confident').

The focus groups followed a semi-structured format with a standard guide of open-ended questions to stimulate discussion about perceptions and experiences with research and to explore in detail how knowledge, attitudes, and skills with research and perceptions about academia influence participants' interest in participating in research collaborations. Two public health researchers with experience in community research and focus group methodology developed the moderator's guide, according to published methodological suggestions,⁷ with input from practitioners at the Office of Local and Rural Health. Table 1 displays topics and questions from the moderator's guide.

The group discussions lasted approximately 60 minutes. Focus groups were planned for all 6 regional public health meetings to obtain a statewide sample, and data collection continued until all six regions had participated. We also determined after the six focus groups that data saturation had occurred for the major topic areas (i.e. no new data would be found by conducting further focus groups).⁸ The study was approved by the University of Kansas Medical Center's Institutional Review Board.

Data Analysis

Audio-recordings of the focus groups were transcribed verbatim by a contracted professional transcription service. The focus group moderator proofread each transcript and compared them to the audio-recordings to check for completeness and accuracy. Three independent coders first read the transcripts and developed codes based on six major topic areas derived from the moderator's guide and initial content review. Coders then inductively open-coded by hand within each major topic area using an approach whereby categories and concepts emerge from the text and are then linked together.⁸ A fourth independent researcher cross-checked inductive codes and identified minor discrepancies in coding. Overall, the independent researcher found high inter-coder reliability and identified major themes within the codes. The research team then met as a group to discuss the major themes and reach a consensus. Specifically, the fourth investigator presented her interpretation of each coder's

inductive work and the coder clarified as necessary. The five major saturated themes were agreed upon by all three coders.

RESULTS

Participant Characteristics

Participants (n = 49) included 46 local health department administrators plus three regional coordinators for regions consisting of 4 to 8 counties. All participants represented local rather than state-level health agencies. Participants represented 52 counties in total (50% of Kansas counties), and 78.8% were from rural counties. Participants were on average 50.7 (SD = 9.6) years old. On the survey, 83% of participants indicated they had participated in research activities in their current position (note, most participants included in their definition of “research activities” routine data collection activities for reporting to state and federal agencies). On a 10-point scale, participants rated the importance of conducting research in their position, on average, at 7.6 (SD = 2.1). They rated the importance of collaborating with university research partners as 7.2 (SD = 2.4), and their confidence in their ability to carry out research as 5.2 (SD = 2.2). There were no significant differences between rural and urban participants on these responses.

Thematic Analysis

Five themes emerged across focus groups and reached saturation (see Table 2).

Perceptions about research varied but were initially negative—Health department leaders reported a variety of perceptions about research, with negative perceptions mentioned first and more frequently. When asked about their first impressions, participants made statements such as “Don’t call me,” “A lot of work,” “Just some busy work,” “Complicated,” and “Boring.” They also reported that research means “data collection and analysis” and “lots of documentation.” Some participants thought of research and statistics as biased, as one participant put it, “you can make the statistics say anything you want them to say...you can chose to ignore what doesn’t support the case.” Other negative perceptions included that research is time-consuming and repetitive. As one participant stated, “I feel like sometimes we just study it, study it, and study it. Are they wanting to find a different answer so they keep redoing it all the time?” Positive perceptions were mostly related to the importance of research in generating valuable information. As one participant stated, “...if we see value to the information that’s generated from the study, then I think it’s important to participate.”

Barriers to engaging in research included limited capacity and perceived relevance—Participants reported many barriers to participating in research, including lack of time, resources, relevance to their community, and skills. Barriers related to resources and competing needs were the most common. One participant described this barrier by saying, “...we need good research, don’t get me wrong, especially about our practice and things, but when you already know you don’t have enough help, not enough money, the system is fragmented, and you’re chasing dollars instead of working on the real issues you would love to be focusing public health on.” Participants noted that research places demands on a system that is already stretched and that the time required is not worth the outcome, as one participant stated, “you’ve got numbers, and you’ve got data and ‘oh well,’ you’re not going to gain anything from it.”

Another frequently reported barrier was lack of feedback on the data they collect, not knowing how their data were used, or receiving feedback that is meaningless to them. This barrier was reported for both surveillance data collection activities and previous university-

based research projects. Participants noted, “We often times don’t see the outcomes because we’re just gathering data, pushing it up to KDHE or CDC” and “What the feds are doing with it, I have no idea...the numbers just keep going into one hole and into another hole, and another hole, and another hole, and I don’t think, a lot of times nothing’s done with it.” Others mentioned that research data are out-dated or obsolete by the time they receive them. As one participant said, “by the time all the data is analyzed and we would get the results, too much time is wasted, things have changed...since point A to where we are now.”

Finally, many participants reported that their lack of training in research was a barrier. Without the skills and resources, research was described as a requirement that took them away from their other responsibilities, as one participant noted, “I don’t feel qualified and when, you know, we’re just doing what we can to provide for the basic needs, to look beyond that is I feel above what I can do.”

Along these lines, participants expressed a need for research training, research staff, data analysis support, and assistance with grant applications. One participant captured this need saying, “We’ve had recent discussions in our region about how a lot of our counties need to do a needs assessment and how it’s just beyond our time, finance, capability to even – I mean we wouldn’t have time to sit down and write one. Don’t have the finances to buy one. So it’s, you asked me to do it, but how do we do it?”

Perceived benefits of research related to professional growth and practice improvement—Although participants focused more on barriers, they also reported several benefits to participating in research collaborations, including resources, opportunities for professional growth and networking, and gaining information that informs their practice or helps the community. Participants reported an interest in participating in research that allowed them to gain staff or increase salaries, as one participant stated, “money always helps.” Participants also shared an enthusiasm for being a part of something that expands outside their agency and increases their knowledge or perspective; “When it comes to a public health issue that you know is probably coming, it makes it interesting to be part of that [research]. It allows you to put on your own perspective, and then it allows you to talk to the public about how in fact things are.” Others shared that participating in research is exciting, e.g., as one woman stated, “it just kind of gets you a little bit fired up again...it gives you some new ideas and new energy.” Another commonly reported benefit was collaborating with partners, or “getting to know people who are the movers and shakers in the community.” Many participants spoke about research being beneficial if it directly helped their community or public health service. As one woman shared, “I think the benefit in a real world was if it came back to us, and it was good data, we could really make decisions based on what are the needs of my community.” Some participants described past research projects that had changed an aspect of their practice, e.g., “vaccine recommendations have changed because of studies that were done during outbreaks.”

Uncertainty about how research fits into their professional role—Participants reported their role was primarily to provide clinical service, and the majority did not feel it was their role to initiate research activities. One participant exemplified this thought by stating, “most of us are RNs...none of us, or very few, have actual public health degrees. So we’re just not research minded. We’re just not – we’re caregivers.” However, participants reported they had done several types of research in their public health duties, including tracking blood lead levels in children, conducting community needs assessments, assessing client satisfaction, tracking immunization rates, collecting mandated state and federal health data, participating in outbreak investigations, and taking on-line professional surveys. Some participants had collaborated on university-based research projects by collecting questionnaires or blood specimens. Despite this, many participants were unclear about what

aspects of their current duties were research. Some participants also indicated that their role in research is incongruent with the rest of their clinical activities, as one woman stated, “there’s a disconnect between what you’re doing to help collect research and what you’re actually doing in the rest of your job.”

University researchers perceived as out of touch with community needs—

Participants viewed themselves and their agencies as having different needs and goals than university researchers. Many participants used the term “ivory tower” to describe university research, or as one participant stated, “They don’t have a clue as to what it really is out there in the trenches.” Others thought of university research as self-serving, or just a requirement somebody has to fulfill to get a degree or advance their career. One participant expressed this perception as “oh, somebody’s trying to make sure that their job sounds important...job security, got to produce something.” Participants also noted that language used by university researchers is not readily understandable, as one participant noted, “it’s not in a language that I’m comfortable with. Yes, I have a better education than a sixth grade reading level, but sometimes I look at that and I think what kind of information are they wanting here?” In addition, participants indicated they would like to have more input and feedback if they are asked to participate in research projects. When describing a previous study, one participant stated “we didn’t have any input into it. They just said, ‘this is what’s coming down, this is what they’re going to do, and this is how they’re going to do it.’” Some participants also expressed resentment for being asked to collect data for others but not being included in research planning and having no ownership over the outcomes. As one person reported, “Sometimes you get to be a little resentful of the fact that the researcher is setting up – they’re gathering information, but they’re relying on us to provide that to them.” Other similar sentiments included, “if they want the information from the community, they need to be willing to come out to the community,” “they should be getting their hands dirty,” and “that would be nice, if they cared about us.”

Some participants also indicated they see value in university research and believe that ultimately both researchers and practitioners are aiming to improve public health. One participant expressed “in our positions, we want a good outcome for the public. Research essentially is the same, hopefully good outcomes for the public, you know, when it trickles down that far.” Although these sentiments were not as frequent, they were consistent across groups. Some participants also expressed seeing value to university research, even though it does not always seem relevant or understandable. “I think too that sometimes the university-based research can be very, very important, because I think it can be and ultimately lends itself to the other state’s practice....to me it’s real intimidating...but ultimately I think it’s extremely important to have university based research out there...that is going to benefit us, ultimately the client, and all of us which is a good thing.”

DISCUSSION

The findings of this study offer insights for how to enhance opportunities for academic-community partnerships in public health. Although participants reported both positive and negative perceptions of research and academic agendas, they reported negative perceptions more readily and frequently. Their negative attitudes were influenced by multiple barriers and a perceived disconnect between their primary responsibilities and required research activities. Barriers to conducting research pointed to a lack of capacity related to resources, time, and skills. Participants frequently mentioned their lack of skills in conducting evaluations, as well as their lack of funds to pay for assistance. Most often, their negative perceptions of research seemed to stem from this resource-poor perspective. In addition, they viewed their primary responsibility as providing services, and they perceived few direct

service benefits to their organizations from stretching their capacity to include research activities.

Despite numerous reported barriers and perceptions of low relevance to their practice, many LHD administrators expressed an openness to research collaborations that was often tied to professional payoffs or growth opportunities. Some participants saw promise in becoming more engaged in their profession by collaborating with university partners and networking with other community organizations. For some, the idea of research elicited enthusiasm and excitement for being connected with the most up-to-date information and practices. However, their reported lack of training in research methodology often deterred participants from becoming involved in more projects. As such, on the pre-focus group survey, participants rated the *importance* of conducting research and collaborating with universities higher than their *confidence* in engaging in research. Thus, participants perceived the value of research but were unsure of the associated logistics, such as how to conduct research properly to obtain useful information. The perceived importance of research is promising but strategies must be developed to overcome barriers and poor confidence.

The current study has several limitations and strengths. Because qualitative research is designed to provide in-depth understanding of a specific group or topic, the results from this study may not generalize across LHDs from other states but rather may be transferred to similar settings, for example other states with a decentralized local public health structure where LHDs provide clinical services. The current study was limited in that it did not include the perspective of state-level health department staff, and it was not designed as a nested sampling frame that would help to parcel out differences between subgroups of LHD administrators (e.g. based on education or rural-urban status). However, we did not detect any systematic differences in responses across groups, and quantitative responses on the survey did not differ between rural and urban county administrators. A strength of this study was the participant sample, which included LHD administrators from a range of urban and rural counties across an entire state. Because participants were drawn from a government-supported public health infrastructure that exists across the U.S., implications have wide scale application.

Implications

The findings have several implications for strategies to engage LHDs in research collaborations. First, academic researchers are well-situated to fill research and evaluation needs of LHDs. The low confidence in research methods among LHD administrators suggest this expertise would be well received as long as it is filling an existing need identified by the staff themselves. When initiating contact with an identified public health agency, it may be helpful to discuss possible barriers and determine useful solutions to these anticipated barriers, such as allowing flexibility in adapting interventions to local needs, emphasizing frequent bidirectional information exchange, and acknowledging each contributor's unique expertise.⁹ Incentives that are designed to meet a resource gap may be particularly important, especially for LHDs with limited resources and a history of emphasizing clinical services. These findings also illustrate the need to develop a working model for effective partnerships between academic research entities and public health agencies and community leaders. Long-term solutions using participatory research models will include the development of sustained long-term relationships working on community-identified problems. Strategies for building collaborations between academic researchers and public health practitioners should also include increased cross-training and integrated learning opportunities, such as public health student practicums at LHD sites, incorporating LHDs in academic public health trainings and grand rounds, and providing ongoing research training to LHD leaders and practitioners. In addition, because LHDs Finally, as suggested

by the Institute of Medicine, Committee on Assuring the Health of the Public in the 21st Century, to strengthen academia's role within the public health system, federal funders and academic institutions should recognize the benefits of participatory research and reward scholarship related to service activities and public health practice.¹⁰

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Table 1

Focus group topics and questions

Topic	Questions
General perceptions of research	When you hear the term 'research project,' what thoughts first come to mind?
Previous experience with research	What are some examples of research projects that you have assisted with? What were the outcomes of these projects?
Barriers to engaging in research activities	What barriers would get in your way of doing these types of research activities?
Perceptions of academic research	When you think about university-based research, what thoughts or images do you have?
Community versus academic needs	What do you see as some of the differences between academic needs and community needs?
Benefits to partnering with academic researchers	As a public health practitioner, what do you see as potential benefits in partnering with one of the state universities to implement and evaluate health-related projects?
Barriers to partnering with academic researchers	What do you see as downsides to partnering with university researchers?

Table 2

Focus group themes and sample quotes

Theme	Sample quotes
1. Perceptions about research varied but were initially negative	<p>"I don't want to do it."</p> <p>"I've watched agencies use research...they find the one [statistic] that makes them look better...yet when you can show them it's better numbers like immunization rates in our county, they want to use the lower numbers to make them look good so they can get more money."</p>
2. Barriers to engaging in research included limited capacity and perceived relevance	<p>"We all wear many hats. We do all kinds of things, so we don't have any extra time."</p> <p>"I don't always see that it has an endpoint or I don't get that information back so I can use it. It needs to be made more valuable and not just something that, 'Okay, I was told to do this, and now I'm sitting it on the shelf and never going to look at it again.'"</p> <p>"If you do happen to collect data and prove your point, it doesn't seem like there's anything that you get out of it. Your commissioners probably aren't going to give you any more money. The state isn't going to give you any more money...you've got numbers, and you've got data and 'oh well,' you're not going to gain anything from it. So I guess I have a real hard time getting really involved and doing a whole lot of research when I haven't got time to do it anyway."</p> <p>"There's a couple things that I know I really am bad at. One of them is, I've tried to create some simple surveys, you know, like program evaluation stuff. What I think my question means isn't – I mean you have to be so careful that you get your questions nailed down to get the answers you really want, or you get a bunch of garbage, and that's really hard. I've had no training in that."</p>
3. Perceived benefits of research related to professional growth and practice improvement	<p>"It keeps us involved at another level of our profession. Some of the [research activities] we've done kind of inspires you to see things in a little different way."</p> <p>"We did an economic development survey, and through that, we identified a community need, took that to the community leaders, and now we applied for some grant money and hired a part-time person."</p>
4. Uncertainty about how research fits into their professional role	<p>"You know, some of us are just one-shop nurses and have like a clerical part-time staff. So I mean doing all of the things that we're already doing and then to add another hat which takes you away from the public, that's very hard to justify."</p> <p>"Maybe you should define what research is because a lot of us do a lot of work, and we don't identify it as research. Like data collecting. I don't see that as research – that's just data collecting."</p>
5. University researchers perceived as out of touch with community needs	<p>"It sounds like an ivory tower concept. They have a concept of what they think we're going to do. But when it gets down here at our level, it's entirely different."</p> <p>"This is not very nice, but I think of university research as like a requirement. Like this really isn't research, it's just something a bunch of people dressed up that was made to help somebody get a master's."</p> <p>"It seems like they usually get together as groups themselves and present the information to each other. I'd like to see them come out to our communities and present the information."</p>