The mark of an “academic health department” includes shared activity by academic and practice partners sustained over time. Despite a long history of productive interactivity, the Pennsylvania Department of Health and the University of Pittsburgh’s Graduate School of Public Health often faced administrative hurdles in contracting for projects of mutual interest. Seeking to overcome these hurdles, the Commonwealth of Pennsylvania and the University of Pittsburgh’s Graduate School of Public Health negotiated a Master Agreement on the basis of statutes designating both as “public procurement units.” This provided a template for project specifications, standard financial terms, and a contracting process. Since taking effect, the Master Agreement has supported projects in policy development, capacity building, workforce development, program evaluation, data analysis, and program planning. This experience suggests an approach potentially useful for other states and localities seeking to solidify academic health department partnerships either envisioned for the future or already in place.

KEY WORDS: academic health department, contracting, state law

An academic health department (AHD) can be seen as a partnership between an academic institution and a public health agency that benefits the parties and their communities. The agency gains access to expertise, shares professional insights, and frames problems in a practical context. The academic institution provides service that is grounded in teaching and research: its faculty members find practical application for their expertise, and its students gain professional experience and access to employment. The AHD partnership improves an agency’s capacity to address community health issues. When the AHD improves an agency’s capacity to generate revenue through grant writing, it may even contribute to local economies. Given these benefits and values, agencies and academic institutions continuously exert the efforts to build, sustain, and enhance AHD partnerships.

A characteristic feature of the AHD is to formalize the relationship between an agency and an academic institution. Although the legal basis of such relationships is an important aspect of formalization, the published literature on AHDs says little about this. An exception is the work of Livingood et al, where comprehensive review of AHDs in Florida included information about the formal structure. These researchers found most AHDs using memoranda of agreement and contracts but no state laws relevant to these procedures. Notably, they reported that, although Florida agencies typically paid academic institutions for their services, the budget and funding arrangements were often “issues of concern” and clarity was sometimes lacking about precisely what work was to be done.

This article describes an AHD relationship formalized under a Master Agreement grounded in state procurement law. The authors provide examples of its use.
over a 2-year period and discuss its benefits and challenges. This experience suggests an approach potentially useful for other states and localities seeking to solidify AHD partnerships either envisioned for the future or already in place.

## Background

Since its establishment in 1948, the Graduate School of Public Health at the University of Pittsburgh (the School) has shared a rich and productive relationship with the Pennsylvania Department of Public Health (PA Health). But their level of shared activity had fluctuated. No formal agreement had established an overall framework for project specifications or contracting procedures. Instead, the relationship had depended upon immediate priorities or the individual interests of PA Health leaders and the School faculty. Their collaborations were sometimes hampered by bureaucratic complexities, particularly when contracts and funding were involved.

The creation of a formal agreement became a priority in 2006 when a new dean sought to institutionalize the School’s relationship with PA Health. He charged the associate dean for public policy (G.A.H.) with this responsibility. The associate dean worked to enhance relationships between the School’s faculty and PA Health leadership through meetings and conference calls. Eventually, he helped to bring about a negotiated Master Agreement between the University of Pittsburgh and the Commonwealth of Pennsylvania (Commonwealth), which became a foundation for collaboration between the School and the PA Health.

## The Legal Foundations for Agreement

To address mutual concerns for efficient contracting between PA Health and the School, the associate dean for Public Policy took advantage of existing provisions of state law. In doing so, he worked with the university’s Office of Research in negotiating a durable template to address the administrative complexities that had burdened the practice-academic partnership.

### The Master Agreement

The Master Agreement took advantage of provisions of Pennsylvania law that allowed the PA Health to contract directly with the School so that projects could be undertaken promptly with minimal time and expenditure of administrative resources. The Commonwealth’s Procurement Code defines both agencies of the Commonwealth and the University of Pittsburgh—which is a private but “state-related” institution—as public procurement units.6,7 This statute provides that any informational, technical, and other service of any public procurement unit may be made available to any other public procurement unit for agreed-upon compensation for the expenses of the services provided and without the requirement for competitive bidding or sole-source justification.8 In practical terms, these laws meant that agreements for service between PA Health and the School could avoid a competitive bidding process.

The terms of the Master Agreement recognize that the University of Pittsburgh furthers its academic mission by making available to PA Health its resources in faculty, practical and academic research, and education services. By doing so, faculty members would be better able to apply the results of their research and students would have access to practical experience in their field of study. The agreement cited the fact that both the university and PA Health are public procurement units under Pennsylvania law and that the university may be compensated for the resources it makes available to the PA Health. In essence, the agreement states in general terms that, as a unit of the university, the School will supply and deliver resources and services to PA Health for each agreed-upon project through the agency’s work orders and the School agrees to comply with the Commonwealth’s standard contracting provisions (including nondiscrimination, sexual harassment, integrity, responsibility, and disability).

The agreement specified a process for procurement contracting. For each project, a scope of work template would state the objective, task details, project location, time period, and estimated budget—as determined by collaboration between the School’s principal investigator and the relevant PA Health administrator. This form alone provided sufficient information for the Commonwealth’s Department of General Services to complete and issue a purchase order on behalf of PA Health for the School’s services. When the amount of funding would meet or exceed a $100 000 threshold, a higher-level official would approve the contract.

### Results

After going through various drafting iterations and levels of approval at both the PA Health and the university, the Master Agreement was executed in April 2009. It has since been used for numerous projects, with funding ranging from $20 000 to more than $1 million. The Table presents 6 projects negotiated and contracted under the Master Agreement during the period from 2010 to 2012; one project was a continuation of a previously longstanding collaboration. Excluded
<table>
<thead>
<tr>
<th>Bureau within PA Health</th>
<th>Department Within the School</th>
<th>Project Purpose</th>
<th>Contract Period</th>
<th>Budget</th>
<th>Funds Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Care Initiative</td>
<td>Office of the Secretary</td>
<td>BCHS</td>
<td>Program evaluation</td>
<td>May 17, 2012-June 30, 2012</td>
<td>$20,154</td>
</tr>
<tr>
<td>Pennsylvania Prevention Project</td>
<td>HIV/AIDS</td>
<td>IDM</td>
<td>Program planning and facilitation</td>
<td>January 1, 2011-June 30, 2011; renewed at 6-mo intervals</td>
<td>About $1.3 million annually</td>
</tr>
<tr>
<td>Polycythemia Vera Study</td>
<td>Epidemiology</td>
<td>EPID</td>
<td>Data analysis</td>
<td>January 1, 2011-September 17, 2012</td>
<td>$239,000</td>
</tr>
<tr>
<td>Public Health Infrastructure Improvement</td>
<td>All bureaus in Deputate of Health Planning and Assessment</td>
<td>CPHP; HPM</td>
<td>Capacity building</td>
<td>July 29, 2011-June 30, 2012; renewed July 1, 2012-June 30, 2013</td>
<td>Original $252,510; renewal $100,000</td>
</tr>
<tr>
<td>WalkWorks</td>
<td>Health Promotion and Risk Reduction</td>
<td>BCHS; CPHP; EPID; HPM</td>
<td>Policy development</td>
<td>April 1, 2010-February 3, 2012 divided into 3 budget periods</td>
<td>$4894; $343,169; $121,153</td>
</tr>
</tbody>
</table>

Abbreviations: BCHS, Behavioral and Community Health Sciences Department of Graduate School of Public Health; CDC, US Centers for Disease Control and Prevention; CPHP, Center for Public Health Practice of the Graduate School of Public Health; EPID, Epidemiology Department of Graduate School of Public Health; HPM, Health Policy and Management Department of Graduate School of Public Health; IDM, Infectious Diseases and Microbiology Department of Graduate School of Public Health; PA Health, Pennsylvania Department of Public Health.

*Except as otherwise noted, all bureaus of PA Health shown are within the Deputate of Health Planning and Assessment.
from this review are projects that—although negotiated under the Master Agreement—involves agencies other than PA Health at the state and local levels of government.

The results presented here focus on projects developed under the Master Agreement, with emphasis on which units of PA Health and the School were involved, breadth of topics and focus, whether or not the project exceeded the $100,000 approval threshold, and the perceived benefits and/or challenges experienced.

**Project purposes**

The 6 projects represented a broad array of activities drawing upon the various programmatic fields of the PA Health and the various disciplines and specialties of the School.

- The *Chronic Care Initiative* was an evaluation of the structure and operation of a sample of participating primary care practices in an effort to understand performance variations among them. Still ongoing, the expectation is that modifiable factors will be identified, leading to an improvement in program outcomes.
- *Community Resiliency Training* focused on workforce development. It included the planning and coordination of 3 regional training institutes; facilitation of multiple workshops, tabletop discussions, and exercises for special care facilities; and creation of online learning modules.
- The *Pennsylvania Prevention Project* had begun in 1994 and was continued under the Master Agreement. It facilitated community planning for HIV prevention and provided technical assistance to PA Health and community-based agencies; it has conducted several prevention interventions and evaluations and includes hosting a nationally recognized HIV prevention Web site.
- The *Polycythemia Vera Study* was undertaken to investigate a possible disease cluster. It reviewed the completeness and accuracy of 2006-2009 polycythemia case reporting to the Pennsylvania Cancer Registry in a tricounty area of the Commonwealth. It also evaluated the completeness and accuracy of 3 other myeloproliferative neoplasms in the registry from 2001 to 2009.
- *Public Health Infrastructure Improvement* focused on capacity building. It involved applying nationally accepted standards to assess the PA Health’s capacity to determine benchmarks for the development of quality and performance improvement plans within the PA Health and the Commonwealth. It also supported county and municipal health departments in capacity-building efforts that included a program of “mini-grants.”
- The *WalkWorks* project focused on policy improvement and program evaluation. It was designed to increase opportunities for physical activity in western Pennsylvania counties through identification, marking, and mapping of local walking routes; launching and supporting free-guided walking groups; and motivating policies to increase pedestrian transportation in the commercial environment.

**Breadth of involvement**

A key aspect of institutionalizing the AHD partnership was to engage broadly among the PA Health leadership and the School’s faculty. The PA Health is organized into 3 deputates, each led by a deputy secretary of health: Administration, Quality Assurance, and Health Planning and Assessment; bureaus within each deputate carry out designated programs and functions. Health Planning and Assessment is by far the largest deputate, housing 17 operations bureaus. The School has 7 academic departments: Behavioral and Community Health Sciences; Biostatistics; Environmental and Occupational Health; Epidemiology; Health Policy and Management; Human Genetics; and Infectious Diseases and Microbiology. The School’s Center for Public Health Practice carries out its service and outreach mission, with particular emphasis on state and local health departments.

As shown in the Table, the 6 projects (listed alphabetically) involved all bureaus within the Health Planning and Assessment Deputate, 4 departments of the School, and the Center for Public Health Practice. The Behavioral and Community Health Sciences Department partnered directly with the Office of the Secretary of Health for the *Chronic Care Initiative*. The Center for Public Health Practice and the Health Policy and Management Department partnered with the Bureau of Public Health Preparedness in the *Community Resiliency Training* project and with all bureaus of the Health Planning and Assessment Deputate in the *Public Health Infrastructure Improvement* project. The longstanding *Pennsylvania Prevention Project* partnered the Bureau of HIV/AIDS with the School’s Infectious Disease and Microbiology Department. The Epidemiology Department of the School and the Epidemiology Bureau of PA Health carried out the *Polycythemia Vera Study*. *WalkWorks* partnered the Bureau of Health Promotion and Risk Reduction both with the Behavioral and Community Health, Epidemiology, and Health Policy and Management departments and with the Center for Public Health Practice.
**Budgets and fund sources**

All but one of the 6 projects in the Table were funded above the $100,000 threshold requiring special approval by the Commonwealth’s Department of General Services, either initially or upon renewal.

In experience previous to the Master Agreement, multiple funding sources for a given project could require lengthy contracting procedures and numerous revisions before completion, so the Master Agreement was especially important to such projects. There were 3 projects in which funding either in whole or in part came from the Centers for Disease Control and Prevention. In the past, the *Pennsylvania Prevention Project* had received funding from multiple sources in addition to the Commonwealth and the Centers for Disease Control and Prevention. In the past, the *Pennsylvania Prevention Project* had received funding from multiple sources in addition to the Commonwealth and the Centers for Disease Control and Prevention; however, during the 2010-2012 periods, no such project arose.

Another influence on budget periods and funding was the difference of fiscal year dates at the federal and state levels. Funds available for a federal fiscal year would begin on October 1, when the state fiscal year was beginning its second quarter; and budgets for state-contracted funds would close on June 30, when federal funds could still be spent for an additional calendar quarter. To align the funds and the budgets for the *WalkWorks* project that spanned 22 months, the contract was divided into 3 periods (see the Table for dates).

**Perceived benefits and challenges**

The Master Agreement had several major benefits, but it left certain challenges to be resolved. An initial challenge was acquainting the parties with the Master Agreement and encouraging them to use it. Although the agreement was first signed in April 2009, its first project began in April 2010. During the interim, the associate dean made efforts to crosswalk the programmatic domains of the bureaus of PA Health and the departments of the School. A series of introductory letters communicated with crosswalk the leadership of each domain, and teleconferences among them encouraged discussion about potential projects and participants.

Once put to use, the Master Agreement’s 2 foremost benefits became apparent—both were the result of eliminating the competitive bidding process. First, it reduced contracting time by avoiding the lengthy process that would otherwise include a request for proposals, fielding the request, await proposals, evaluating proposals, and finally contracting with the selected proponent. In past experience, even when a sole-source contract procedure had been appropriate for the School, completion could take several months. In one such project involving influenza data collected and stored by the PA Health in PA-NEDSS (Pennsylvania’s link to the National Electronic Disease Surveillance System), negotiating the terms of data use for a Pitt Public Health doctoral student took well over a year. The lengthy process served neither the PA Health, which wanted geospatial analysis of influenza transmission patterns, nor the student, whose doctoral dissertation depended on it. Under the Master Agreement, in comparison, the contracting period was 2 to 4 weeks. The parties were able to avoid lengthy contractual negotiations and the procurement process for each project because the Master Agreement template was in place. Both the *Polycythemia Vera* and the *Chronic Care* projects were renewed during the period in question; each had both an initial contract and a renewal under the Master Agreement. For both projects, the Master Agreement helped with initial negotiations and renewals, both processes taking weeks rather than months.

Second, the Master Agreement introduced a procedure for direct negotiation between the PA Health leader and the School faculty member who would assume project responsibility. The Master Agreement’s template for contract specifications guided their communications, thus creating closer collaboration during the negotiation process. This resulted in mutually satisfactory work statements and project timelines.

The *Community Resiliency Training* project provides particular insights into the Master Agreement Process because of its long duration and its several sequential contract periods. PA Health and the School mutually developed the scope of work, optimizing the needs and the capabilities of each. Once the staff of both organizations had become familiar with the process, it progressed relatively quickly. As the PA Health found additional needs and the budget for service—and with the concurrence of the School—they only had to add these to the existing agreement.

The Master Agreement was especially useful for the *Public Health Infrastructure Improvement* project since the PA Health was in the middle of a grant year and needed the capabilities of the School to complete deliverables under its Centers for Disease Control and Prevention grant. Once the connection was made between the agency staff needing the service and the academic faculty and staff appropriate for the tasks, the work began almost immediately. The PA Health staff had learned from those involved in previous Master Agreement projects how best to process the required scope of work statement. The School served as a conduit for the mini-grants to local health departments since it would have taken the PA Health too long to process the necessary awards.

Two challenges became apparent during the period of these 6 projects. First, PA Health staff members were
occasionally reluctant to develop a scope of work for services costing more than $100,000 because of the need for sign-off by a supervisor in the Department of General Services. While this additional step in contracting did not add much delay whenever it was necessary, the perception of potential difficulty was enough to raise reluctance. Second, it was often desirable from the PA Health standpoint to add tasks to an existing scope of work by using an “Advice of Change” order rather than initiating another contract. But from the School’s standpoint, this procedure would not produce the separate contract needed for tracking budgeted expenditures with a separate account number. Neither of these challenges was fully resolved during the period of these 6 projects reported here.

Discussion

Pennsylvania’s public procurement laws that enabled development of the Master Agreement are not unique. For example, Louisiana’s procurement law is very similar to Pennsylvania’s. Many other states allow for exceptions to competitive procurement rules when the contracting parties are deemed to be governmental agencies, and such agencies may include higher education institutions that are nonprofit, state-affiliated, or state-contracted entities.

The Master Agreement between the University of Pittsburgh and the Commonwealth’s General Services Administration was based on this innovative use of state procurement laws. It had several positive effects for the AHD partnership between the School and PA Health. A breadth of topics and programmatic areas were engaged in a broad spectrum of policy, scientific, and programmatic areas of mutual interest. Ongoing projects were maintained, and new projects were initiated and renewed. Its major challenge was to acquaint potential project partners with the agreement’s forms and procedures. Using the agreement did not eliminate all administrative complexities but did uniformly accelerate the contracting process.

Two limitations should be noted. First, this report is a descriptive case study rather than an evaluation study. After the initial cohort of Master Agreement projects is fully completed, further analysis might compare periods before and after the Master Agreement date to assess whether the parties’ independent and shared goals were met on the basis of levels of involvement, priority of public health issues, and administrative efficiency. Second, the University of Pittsburgh is a state-affiliated university, not a fully private one. The designation as a state public procurement entity would probably not apply to a fully private university under any state’s laws.

Conclusion

This experience with using a Master Agreement grounded in state public procurement laws was a positive one for both PA Health and the School. By formalizing administrative procedures, the Master Agreement has strengthened this practice-academic partnership.

REFERENCES

7. Commonwealth Procurement Code, Intergovernmental Relations, Supply of personnel, information and technical services, supply of services 62 P.S. §1906(b).
9. Louisiana Revised Statutes, 39:1701 et seq.