



Health Department Initiatives: Moving Toward Quality Improvement



Reliability

Action

Commitment

Efficiency

Innovation

Accountability

Systems Thinking

Public Health Initiatives Toward Quality Improvement

National Public Health Performance Standards Program (NPHPSP)¹

The NPHPSP is the nation's leading program aimed at strengthening public health systems. Since the assessment tools were first made available in 2002, state and local jurisdictions in more than 45 states and the District of Columbia have utilized the NPHPSP to measure and improve public health system performance. The collaborative effort by diverse partners facilitates a multi-sectoral response to complex, system-wide issues that adversely impact community health.



Mobilizing for Action through Planning and Partnership (MAPP)²

MAPP is a community-driven strategic planning tool for improving community health. It was created in 2001 by a workgroup of local health practitioners and national partners to provide a framework for prioritizing health issues and leveraging existing resources to address them. MAPP helps communities:

- increase the visibility of public health in the community;
- develop new local public health advocates and partnerships;
- strengthen public health infrastructure; and
- strengthen communities' ability to anticipate and manage change.

The MAPP process facilitates the development of a stakeholder-owned community health improvement plan (CHIP) which may be utilized by community partners to implement and evaluate health improvement strategies. The strategic implementation of policies, programs, and services identified through the CHIP are designed to lead to a healthier community and the creation targets at the community level.



National Voluntary Accreditation³ for Public Health Departments

The Public Health Accreditation Board (PHAB) has been established to create a national system to manage and promote a voluntary public health accreditation program. Public health accreditation is designed to improve and protect the health of every community by advancing the quality and performance of public health departments. Accreditation standards were drafted and tested at 30 pilot sites (state, local, and tribal) in 2010. The national program will launch in September 2011 and the goal is to have 60% of the nation's population served by an accredited health department by 2015. Accreditation will provide tools for health departments to measure their performance, identify accomplishments, and demonstrate accountability to the public and to key stakeholders.



¹ The NPHPSP is a partnership effort of the Centers for Disease Control and Prevention (CDC), APHA, ASTHO, NACCHO, NALBOH, NNPPI, and PHF.

² Mobilizing for Action through Planning and Partnerships (MAPP) is supported by NACCHO and CDC Office for State, Tribal, Local, and Territorial Support (CDC OSTLTS).

³ The national voluntary accreditation initiative is led by the Public Health Accreditation Board (PHAB), with support from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. The APHA, ASTHO, NACCHO, NALBOH and National Indian Health Board (NIHB) also provide leadership and technical assistance on behalf of their constituencies.

Community Efforts To Improve Public Health

INDIANA

By the spring of 2010, 40 county health departments in Indiana each had established partnerships with up to 20 grassroots organizations — including civic groups, schools, local businesses and industries, transporta-



tion entities, health providers, gyms, grocers, churches and charities — to participate in the National Public Health Performance Standards program (NPHPSP) Local Assessment. The process, which involves comprehensive data gathering and analysis and

monthly meetings, helps each partnering organization recognize and appreciate its role in addressing a significant public health problem facing the community.

“Healthy Baby”

An NPHPSP assessment of the birthrate and health of newborns in Dubois County, Indiana over the past few years revealed that a third of mothers-to-be opted to deliver their babies in the 34th or 35th week of gestation, by Caesarean section, in order to meet personal or job-related schedules. These elective procedures shorten the gestation period, and can lead to developmental delays in newborns. Use of the NPHPSP, together with community involvement in the issue, led to the creation of a “Healthy Baby” educational program that encourages mothers-to-be to abandon elective Caesareans and opt instead to deliver healthier, full-term babies. Future birth records will determine program success rates.



“Healthy Living, Take Charge!”

Local public health partners in Indiana’s Delaware County recognized the value of the NPHPSP assessment process as they evaluated what county health department spokesman Robert Jones calls “the troubling aspect of childhood obesity, and its growing significance on the population as a whole.” Almost one quarter of children and three quarters of adults in the county will be overweight or obese within five years in the absence of immediate action to halt this epidemic. NPHPSP assessment findings led to the establishment of the Delaware County Healthy Living Take Action Coalition, which initiated an evidence-based performance improvement project. Fourteen local health department staff and local public health system partners from the county joined together to increase awareness of the benefits of healthy food choices and physical activity for the county’s children. As a result of this initiative, the health department awarded the coalition a \$30,000 seed grant for “Healthy Living, Take Charge!”—an innovative exercise initiative at area YMCAs and recreation centers. The program encouraged nearly 4,000 kids to take up yoga, swimming, biking, hiking, basketball, hula-hoops, walk-a-thons, and races. Local pediatricians routinely refer local families to this program during regular health care appointments.

“Partnering to Foster Healthy Communities”

Following NPHPSP assessment participation, Allen County public health nurses and pre-school teachers worked together to solve a mystery — something was harming pre-school — aged

Burmese émigrés. After investigation, the public health department discovered the culprit. A traditional remedy Burmese parents were giving to their children to cure constipation was delivering harmful levels of lead and arsenic. The powdery product was pulled off the shelves of Indiana stores, as well as banned in Myanmar, formerly known as Burma.



After three years, this state-wide initiative has resulted in the creation of the Indiana Public Health System Quality Improvement Program (PHSQIP) which pursues a statewide mission to protect the public and improve the health of local communities. Twenty more Indiana counties will use the NPHPSP Local Assessment tool starting October 2010.

NEW HAMPSHIRE

One of the challenges faced by many state and local health professionals is communicating the value of public health. This focus was the top priority identified by the New Hampshire Department of Health and Human Services after it led 110 partnering organizations through the NPHPSP assessment process. Another four priority areas identified by the assessment addressed additional gaps in

essential services. Remedies to those gaps included informing and educating the general public about the nature of a viable public health system, developing health policies and strategic action plans, and mobilizing strong community partnerships.



It is the last — the creation of strong community partnerships — which Joan Ascheim, then Deputy Director of the New Hampshire Division of Public Health Services, says was crucial for the sustainability of the successful quality improvement outcomes produced by the comprehensive NPHPSP process. “It was a tremendous amount of work,” she says, “but we reaped great benefits. We now have

strong partnerships throughout the state working together as a system on a much larger scale than we could ever have done as a stand-alone public health department.”

The New Hampshire Performance Improvement Plan (NHPPIP), created as a result of the NPHPSP assessment process, is led by a core group of stakeholders known as the Public Health Improvement Services Council. Meeting monthly, the council’s sustainability workgroups are headed by the University of New Hampshire, the Institute for Health Policy and Practice, the Community Health Institute, the Injury Prevention Center, the New Hampshire Public Health Association, Dartmouth College, the Citizens’ Health Initiative and New Futures, an advocacy organization.

Monies were earmarked for a communications campaign targeting state health policymakers and legislators with radio and print public service ads, a poster campaign, and Web exposure touting the mantra “Improving Health, Preventing Disease, Reducing Costs for All.” The long-running communications campaign struck home with lawmakers and legislation was enacted to create the Council.



Evaluation of the communications campaign continues and new goals are leading to an improved Web presence with interactive tools that allow visitors to gain access to public health information programs on tobacco and alcohol cessation, healthy physical activity, nutrition and other topics.

Ascheim also gives credit to MAPP for the success in New Hampshire. The simultaneous use of both MAPP and NPHPSP facilitated the integration of a ground-up approach, comprehensive planning skills and a broad perspective on public health options.

NEW YORK

For the second time in a decade, the Genesee Valley Health Partnership (GVHP) in upstate New York is engaged in a comprehensive review of community health data, trends, services, and delivery systems using MAPP and CHIP. GVHP identified and prioritized public health issues, and developed improvement strategies, performance measures and time-specific measurable targets to reflect those priorities.

According to Livingston County Department of Health Director Joan Ellison, MAPP has helped communities plan and use resources strategically, as well as establish effective partnerships. MAPP identified many key public health solutions in Livingston County that partners could develop jointly, including better access to health and dental services, teen smoking prevention strategies, increased emphasis on healthy living, vaccinations for the underserved, consistent health messages, and public awareness.

CHIP provided a coordinated approach to the use of partner

resources in a way that leveraged multiple organizations that cared about the issues and improved the potential for success. Through a concerted, decade-long effort, CHIP led to a number of new initiatives:

- provision of a new kidney dialysis facility;
- renovation of an abandoned dental care facility — the area's only source of dental care — into a new dental center.
- vaccinations of 6,000 underserved children for H1N1 last year — representing 25% of the total under-age population;



- creation of clear, concise fact sheets and talking points for mothers-to-be and parents of young children;
- targeted direct mailers on public health issues, inserted into the weekly home delivery of a free newspaper; and,
- advertisements in home subscriptions of the weekly and daily standards.

“The process and concern for the issues brought the community together, with everyone on the same page,” says Ellison. The Genesee

"Ensuring the accountability of the governmental public health system is everyone's responsibility. Agency accreditation is one tool that helps us measure our success in meeting that responsibility,"

*Georges C. Benjamin,
MD, FACP, FACEP (E)
APHA's Executive Director*

Valley Health Partnership has become very effective at identifying public health needs and finding community-based resources to address those needs. As a result of this iterative process of community-based planning and partnering, the Livingston County Department of Health is primed to seek accreditation by the national Public Health Accreditation Board (PHAB) upon completion of an ongoing PHAB beta test involving 30 test sites from around the country. Livingston County has an accreditation team in place, and Ellison plans to lead the charge. "Accreditation will bring us a higher level of achievement. We can do better, and accreditation will help us get there."

KANSAS

One of eight local health departments in Kansas was selected as a beta test site in preparation for accreditation. The state's commitment to learning about and preparing for accreditation led to the formation of the

Accreditation Preparation Collaborative, which included the other seven local health departments and the state health department. In this way the information would be shared and the momentum sustained.

The eight health departments have continued to meet regularly and have participated in a mock accreditation process. They are currently completing the PHAB Self-Assessment, gathering and providing the required documentation to illustrate if they met the standards. The group also conducted mock site visits which closely duplicate the beta test process. The results, insights and documentation are shared through an online file-sharing system. Dick Morrissey, Deputy Director of the Kansas Department of Health and Environment's Division of Health, explains that "from our perspective, it really works because it is a collaborative. It was a shared idea and a shared effort from the beginning. That's what makes it work."

A second project in Kansas, the Regional Accreditation Project, is helping determine how the public



health regions in Kansas could potentially apply for accreditation together. Two of the public health regions, together covering 21 counties, are participating in this regionalization project to examine the structure, governance, financing, and documentation aspects of a multi-jurisdictional application for accreditation. Additionally, the Kansas Association of Local Health Departments and the Kansas Association of Counties is organizing discussion forums to engage local elected officials and local health department administrators in preparing public health regions for accreditation.

OKLAHOMA

Oklahoma⁴ joined the Multi-State Learning Collaborative (MLC)⁵ to work with 15 other states in this national initiative advancing accreditation efforts and quality improvement (QI) strategies in public health departments. The state's new Health Commissioner, Dr. Terry Cline, was convinced of the merits of accreditation and agreed to participate as a test site for PHAB.

Dr. Cline appreciated the connection between accreditation and quality improvement in the health department and gave the assurance that, even with resource limitations, it was going to be a priority. "...This is a unique opportunity to evaluate the effectiveness and efficiency of our services and also showcase the high quality programs and services associated with the Oklahoma State Department of Health" said Dr. Cline. Joyce

Marshall, Director of the Office of Performance Management, designated a team that would lead the work on accreditation preparation and the beta



test. Dr. Cline sent a letter notifying the team of his decision to fully support and pursue accreditation. As Marshall says: "Dr. Cline's support letter was just the start of a sustained collaboration between the Health Commissioner's office and the core accreditation team." From letters, to meetings with the Board of Health, to the Commissioner assuming the position as the Chair of the Oklahoma Health Improvement Planning Team, leadership, consensus and enthusiasm resonated loud and clear.

Despite budget and other significant challenges facing Oklahoma, Dr. Cline's leadership, unquestioned support, and personal involvement during the beta sites application process sent a clear signal to health department staff of the importance of this process—and ultimately sustained the momentum toward the establishment of public health accreditation in Oklahoma.

⁴ Stories from the MLC — Multi-State Learning Collaborative: Lead State Public Health Quality Improvement. National Network of Public Health Institutes (NNPHI) report on MLC 2010.

⁵ The Multi-State Learning Collaborative on Accreditation of Public Health Departments (MLC) is an initiative undertaken with the Exploring Accreditation Project (EAP) to explore the implications and feasibility of a national public health accreditation system. It is designed to enhance the accreditation/assessment activities already underway in each of the grantee states; to promote learning among the states participating in the collaborative; to disseminate information to state and local health departments nationally; and to inform the work of the EAP.

Lesson Learned

From the Field

"Accreditation is a major accomplishment for a health department. It means that it is addressing key community health problems. Just as the public expects hospitals, law enforcement agencies and schools to be accredited so should they come to expect public health departments."

*Thomas R. Frieden,
M.D., M.P.H
CDC Director*

Each of the jurisdictions illustrated shared three elements for success: they each had strong and committed leadership at the helm; there was an intentional effort to ensure that all localities would benefit from quality improvement activities and learn from each other; and there was a deliberate effort to create a collaborative, coordinate process that began at the local level, and reflected lessons learned by localities working to resolve issues that were adversely affecting the health of their communities.

Specifically, critical elements for success included:

- Committed leadership from the top
 - Committed teams with an identified leader to facilitate the effort
 - Creation of a process to ensure maximum involvement of and collaboration by interested members of the community
 - Creation of a partners strategic action plan with priorities, timelines, measurable objectives and partner responsibilities
- Guaranteed buy-in, leadership support, and resources from each of the partnering organizations
 - Partner commitment to maintaining and sustaining the project over time
 - Use of high quality improvement tools to facilitate community input and reflect the needs and composition of the community
 - Development and implementation of a communications/meeting plan to ensure that all partners are informed of and involved in the "day-to-day work" of the quality-improvement effort.

For additional information on quality improvement in public health visit APHA's website at:
www.apha.org/programs/standards/



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800 I STREET, N.W. | WASHINGTON, D.C. | 20001-3710 | WWW.APHA.ORG
202-777-APHA (2742) | FAX: 202-777-2534 | comments@APHA.org

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