

# Enhancing Collaboration Among State and Local Health Departments

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A Strategy for Introducing and Disseminating  
Quality Improvement Practices

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## **MINNESOTA**

**Deb Burns, MA**

**Director, Office of Public  
Health Practice, MN  
Department of Health**

**Judy Voss BS, PHN, MS**

**Associate Director  
Olmsted County Public  
Health**

## **MICHIGAN**

**Debra S. Tews, MA**

**Office of Local Health Services  
Michigan Department of  
Community Health**

**Mary L. Kushion, MSA**

**Health Officer, Central Michigan  
District Health Department**



# During today's presentation, we will...

- Share the experiences of state and local collaborative efforts in Minnesota and Michigan
- Demonstrate how a collaborative process can be used to implement and disseminate quality improvement practices

# Collaboration

**“An unnatural act among  
non-consenting adults.”**

**Frank Hern**

# Public Health in Minnesota

- 53 Locally governed Community Health Boards, with services provided by 75 local health departments
- Decentralized
- Local Public Health Act
- SCHSAC – State Community Health Services Advisory Committee

# Characteristics of MN System

- Partnership, coordination and communication
- Variations in size, resources, capacity
- Longstanding (30-year) local assessment and planning process
- Recent focus on performance improvement

# Recent Examples of Collaborative Work

- Joint development of MN Performance Improvement Framework
- Areas of Public Health Responsibility and set of essential local public health activities
- Performance measures and reporting
- Assessment and improvement planning
  - Capacity
  - Health Outcomes
- Accountability review process

# Investing for Maximum ROI

- State
  - Infrastructure, programs, budget
- Local
  - Infrastructure , programs, budget

# Six Areas of Public Health Responsibility

- Assure and Adequate Local Public Health Infrastructure
- Promote Healthy Communities and Healthy Behaviors
- Prevent the Spread of Infectious Disease
- Protect Against Environmental Hazards
- Prepare for and Respond to Disasters and Assist Communities in Recovery
- Assure the Quality and Accessibility of Health Services

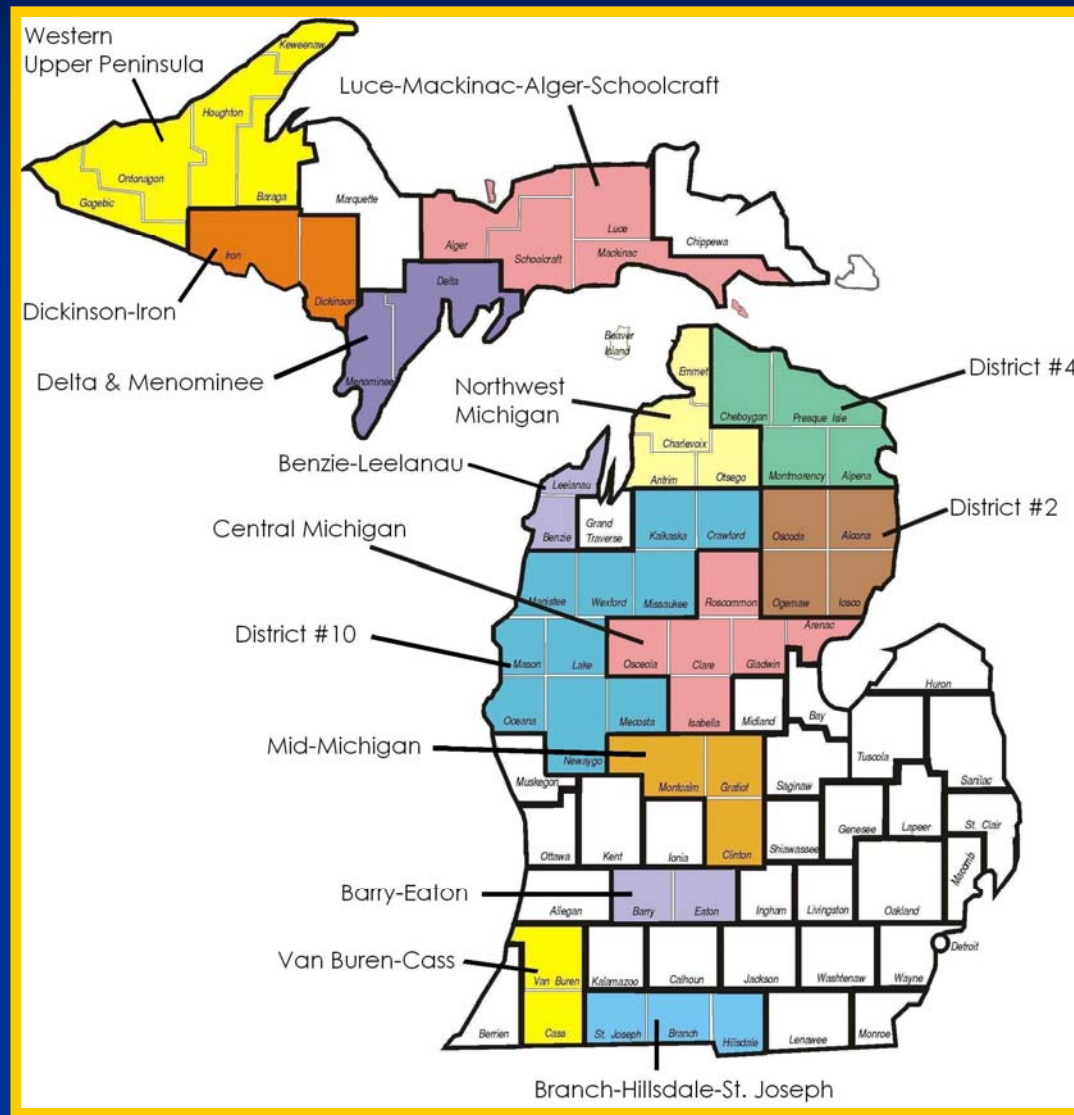
# Minnesota Nice: It's the Way We Work

- Collaboration
  - Local and State Leadership
- Advice
- Professional Organizations
- Trust
- Innovation

# It's All About Relationships

- Strong relationships lead to :
  - Engaging work
  - Improved performance
  - Forward motion with a vision of the future
- Capacity-building
  - Relationship – building
  - Mentoring

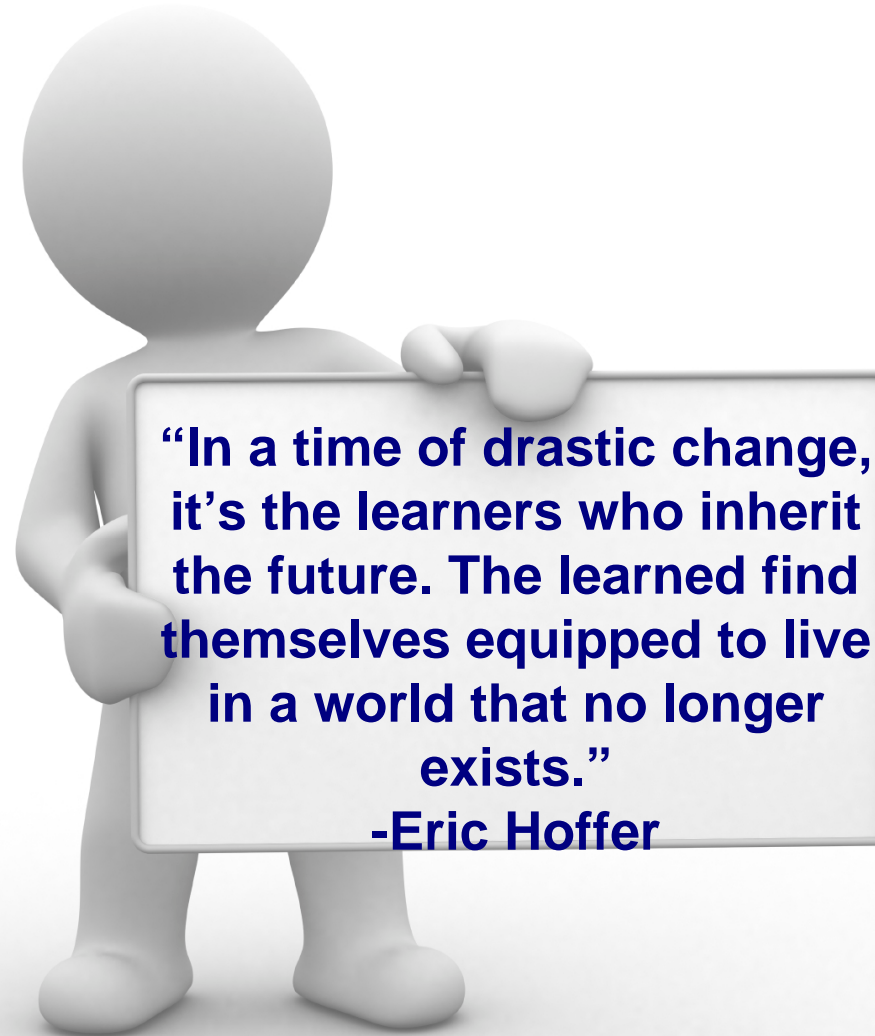
# 45 Local Health Departments



# State Health Department

- Our state health department (the public health administration) resides in the much larger Michigan Department of Community Health, which also includes Medicaid, Mental Health, and Aging.
- Some public health functions reside in the Michigan Departments of Agriculture and Environmental Quality.

# Quality Improvement Learning Continues



**“In a time of drastic change,  
it’s the learners who inherit  
the future. The learned find  
themselves equipped to live  
in a world that no longer  
exists.”  
-Eric Hoffer**

# Why Collaborate?

- Partnerships often provide the best solutions to complex issues
- Partnerships provide the best framework for quality improvement of the public health system
- More opportunities exist and more gains realized by working together

# Collaboration Rising



# Walking the Talk: Collaboration & QI

- Principles of Collaboration:
  - Adapted from the ASTHO/NACCHO Principles
  - Operationalized by the Michigan Association for Local Public Health
- Michigan Local Public Health Accreditation Program:
  - Accreditation Commission: Strong local & state representation
- Accreditation Quality Improvement Process:
  - Jim Parker Memorial Award for state & local collaboration
  - Committee chaired by local health with state representation
- Annual Standards Review Process:
  - Local & state partnership to establish, modify, and approve performance standards for local health

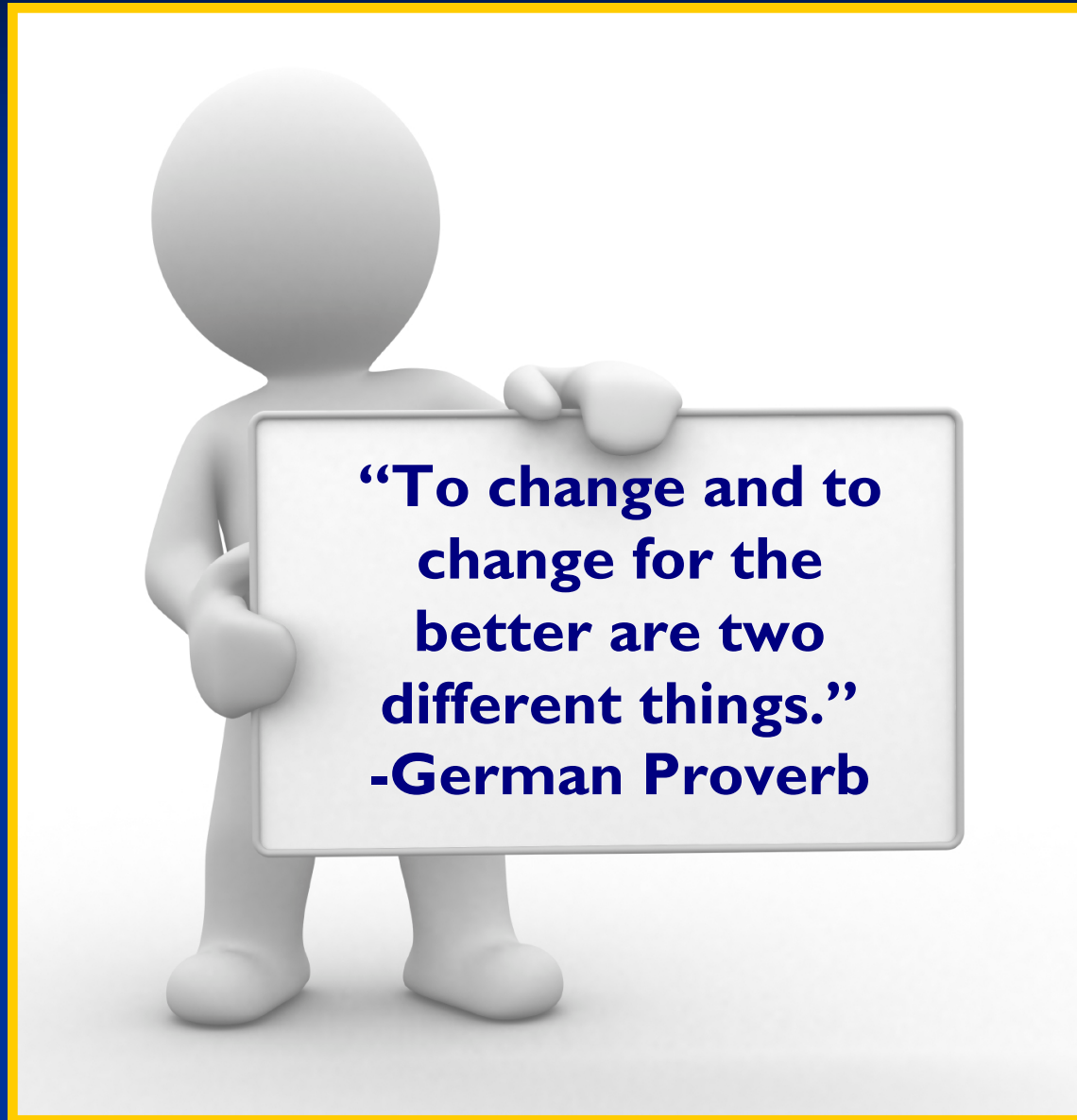
# Walking the Talk: Collaboration & QI

- Accreditation Quality Improvement Supplement:
  - Local & state partnership to add a structured QI component
- Multi-State Learning Collaborative:
  - Co-chair Structure (one state; one local with strong local representation and engagement around QI)
- Michigan QI Guidebook: Embracing Quality in Local Public Health
  - Developed in collaboration with 4 Michigan LHDs

# Michigan Approach to State & Local Collaboration

- We strive to:
  - Make it GENUINE
    - authentic collaboration vs. the illusion
  - Make it ONGOING
    - today, tomorrow, next week
  - Make it INCLUSIVE
    - all partners; all the time vs. a few partners some of the time

# Improvement: Front & Center



**“To change and to  
change for the  
better are two  
different things.”  
-German Proverb**

# WHY QI?

- Tough economic times require a different approach
- QI has been proven to:
  - Reduce costs and redundancy
  - Eliminate waste
  - Streamline processes
  - Enhance ability to meet service demand
  - Increase customer satisfaction
  - Improve outcomes

# Discussion

# **State and Local Collaboration in Action**

**Examples from the  
Multi-State Learning Collaborative  
(MLC)**

# Project Support

- Funded by RWJF
- Managed by the National Network of Public Health Institutes
- Collaboration with numerous national partners

# About the MLC

- Prepare states/locals for accreditation
- Incorporate quality improvement practice into public health systems
- Inform the national accreditation program
- Promote collaborative learning across states and partners
- Expand the knowledge base in public health

# About the MLC

- MLC 1 (5 states, 1 year)
  - Focused on enhancing state based accreditation and assessment programs
  - Informed the Exploring Accreditation
- MLC 2 (10 states, 1 year)
  - Added quality improvement in the context of accreditation
- MLC 3 (16 states, 3 years)
  - 3 years (\$150K/year)
  - Preparation for accreditation
  - Inform the Public Health Accreditation Board
  - Conduct quality improvement projects via mini-collaboratives (IHI breakthrough series model)

Lead States in Public Health Quality Improvement, a multi-state learning collaborative (MLC)



# Minnesota and MLC

- Minnesota joins Multistate Learning Collaborative
- Partnership among the Minnesota Department of Health, Local Public Health Association, University of Minnesota School of Public Health
- MN Public Health Collaborative for Quality Improvement
- Strengthened public health performance management system

# Minnesota Public Health Collaborative for Quality Improvement

- Based on the Model for Improvement
  - Plan-Do-Study-Act (PDSA) cycle
- Structure similar to IHI Breakthrough Series\*
- Project teams
- 8 quality improvement projects with 34 local health departments

\*Institute for Healthcare Improvement Breakthrough Series:

<http://www.ihl.org/IHI/Results/WhitePapers/TheBreakthroughSeriesIHIIsCollaborativeModelforAchieving+BreakthroughImprovement.htm>

# MLC-2 QI Collaboration

- Minnesota Department of Health and Olmsted County Public Health Services
- Pilot Project
  - Incorporating PH Competencies into performance evaluation system
  - Improving overall performance management system

# MLC-2 QI Collaboration

- Why Quality Improvement?
  - Why not Quality Improvement?
- Why Olmsted County Public Health?
  - Why not Olmsted County Public Health?

# Collaboration

- Collaboration: It's a good thing!
  - One + One = Three
  - Builds success
  - Improves performance
  - Leads to new projects
  - We are all in this together!

# Michigan's Focus

## Three Pronged Approach:

- 1) Prepare local health departments for national voluntary accreditation
- 2) Prepare the state health department for national voluntary accreditation
- 3) Advance the application of QI in local/state public health practice

# Local Health Department

## Local Health Department Preparation:

- Enhance standards and measures using the Operational Definition of a Functional Local Health Department
- Identify areas of non-optimal performance in Accreditation
- Expand QI within Michigan's Accreditation Program and beyond

## How?

- Accreditation QI Supplement
- Learning from the NACCHO Grantees
- Mini-collaboratives
- Use of MI QI Guidebook, PDSA, and mentors from MI MLC-2 LHD participants
- Training: Learning sessions, teleconferences, presentations

# EMBRACING QUALITY IN LOCAL PUBLIC HEALTH



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Debra Scamarcia Tews  
Marti Kay Sherry  
James A. Butler  
Angela Martin

## Embracing Quality in Local Public Health:

## Michigan's Quality Improvement Guidebook

# Guidebook: Content and Structure

- Overview of the PDSA approach to QI
- Sections on:
  - Customers & Stakeholders
  - The Importance of Data
  - Writing an Aim Statement
  - QI Tools & PH Measures of Improvement
  - PH Example of PDSA
  - Case Studies from the 4 MACQIC Pilot LHDs
  - Program Evaluation, QI Resources, & More

# QI Comments from LHDs

- “There isn’t a single aspect of the work at any LHD that can’t be improved.”
- “I learned that QI is essential for public health. We have limited resources and QI is a great way to direct those resources to the places it is needed most.”
- “We now have staff eager to use the same tools and methods to evaluate performance and make improvements in other areas of our work.”

# State Health Department

## State Health Department Preparation:

- Establish a State Health Department Accreditation Workgroup (SHDAW) for oversight

## How?

- Use NPHPSP State Public Health Performance Assessment Instrument to identify areas for improvement
- Use available tools & resources provided by national partners

# The Road to Quality



**“The road to quality is never smooth, but it’s the only one that leads to long-term success.”**

**-Author unknown**

# Resources

**About the MLC...**

[www.nnphi.org/mlc](http://www.nnphi.org/mlc)

**Work from MLC States...**

[www.nnphi.org/eCatalog](http://www.nnphi.org/eCatalog)

**Michigan's QI Guidebook...**

[www.accreditation.localhealth.net](http://www.accreditation.localhealth.net)

**Questions?**