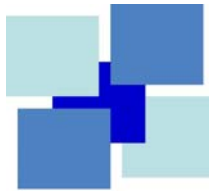


Making the Connection

*An Exploration of Accreditation and Quality Improvement
through the Multi-State Learning Collaborative*

Dear Colleague,



We are pleased to share with you the very first issue of *Making the Connection: An Exploration of *Accreditation and Quality Improvement through the Multi-State Learning Collaborative*. The *Making the Connection* newsletter series will contain a total of 5 issues, each of which will focus on the achievements of two states that are participating in the Multi-State Learning Collaborative (MLC).

In this issue, you will find an overview of the Multi-State Learning Collaborative, a look at the accomplishments of Florida's quality improvement process, and a description of North Carolina's milestone achievement in implementing an accreditation process for the state health department.

We hope you enjoy this newsletter and feel free to forward it on to others who may be interested. We also encourage you to provide feedback and suggestions. If you have any comments or suggestions, please send them to Liz Tagle at etagle@nnphi.org.

Sincerely,

Lee Thielen
National Network of Public Health Institutes

**The term accreditation is used here broadly to include accreditation and other assessment programs.*

In This Issue

States Learning Together: The Experience of the Multi-State Learning Collaborative

Florida Department of Health Wins ASTHO Vision Award

First of its Kind: North Carolina Pilot Accreditation is a Success

Quick Links

[NNPHI](#)

[More about the MLC](#)

[Public Health Accreditation Board](#)

[Florida Office of Performance Improvement](#)

[North Carolina Accreditation](#)

Partners

[APHA](#)

[ASTHO](#)

[CDC](#)

[NACCHO](#)

[NALBOH](#)

[PHF](#)

[PHII](#)

[RWJF](#)

States Learning Together

The Experience of the Multi-State Learning Collaborative

by Lee Thielen, MPA

First there were five; now there are ten. Ten states are now learning from each other and learning together by membership in a very special club - MLC II. What began as an initiative to convene five innovative states on assessment and accreditation of public health agencies, has grown to a ten state effort with a focus on Quality Improvement within the context of assessment or accreditation. The experience is creating a cadre of professionals who enjoy the learning and networking opportunities with others who are committed to public health improvement.

For two years, the Multi-State Learning Collaborative, known as MLC I (2006) and MLC II (2007), has provided participant states with a unique opportunity for statewide improvement of public health by raising the bar in their own states, learning and sharing with like-minded colleagues in other states, and finally, informing and inspiring the broader public health community about practices of assessment and quality improvement.

The MLC is funded by the Robert Wood Johnson Foundation (RWJF) and managed by the National Network of Public Health Institutes (NNPHI). It has been implemented in tandem with the efforts toward developing a national voluntary accreditation program for public health agencies. MLC I, which focused on accreditation or comparable assessment at the state level, showed how states are laboratories for innovation at the national level. Illinois, Michigan, Missouri, North Carolina, and Washington have led the pack in assessment efforts, including both mandatory and voluntary accreditation/ assessment efforts for local public health agencies. In addition, a few states have developed ways to assess the performance and capacity at the state agency level. In the second year of funding, ten states committed to initiating Quality Improvement into their assessment efforts. Joining the five "legacy" states are Florida, Kansas, Minnesota, New Hampshire, and Ohio. The ten states entered the MLC II year with a variety of perspectives and experiences.

The MLC projects involve partnerships with local public health agency associations, the state health agency, academic institutions and public health institutes. During both project periods, each state received a grant of \$150,000 from RWJF. The states convene three times for learning and networking meetings and are provided with informational teleconferences bi-monthly. In addition, learning is fostered through consultants and experts as well as by sharing of expertise in the states.

MLC I and MLC II have generated a great deal of interest among the public health community. The commitment to improving the delivery of public health through systematic approaches is contagious. The opportunity to share stories, strategies, challenges, and successes while learning together is, indeed, a winning strategy.

Florida Department of Health Wins ASTHO Vision Award

by Cathy Brewton, M.S., Dennis Cookro, M.D., M.P.H., Carmen Dupoint, B.S., Shannon Lease, M.S., Donna Marshall, R.N.C., B.S.N.



The Association of State and Territorial Health Officials (ASTHO) presented Florida with the 2007 Vision Award for the **Florida County Health Department Performance Improvement Process, a New Model using State and County Collaboration to Build a Stronger Public Health System**. Award honorees will be recognized at the ASTHO Annual Awards Luncheon, scheduled in October in St. Louis, MO as part of the ASTHO Annual Meeting.

Performance Improvement Process

The Florida Department of Health (DOH) has a long history of managing its performance. Prior to 2005, the agency used a performance improvement model in which the state health office organized a monitoring visit to CHDs every three to five years to evaluate the county's performance. In 2005, the DOH initiated a new County Health Department (CHD) performance improvement model which allows each county to systematically assess, manage and plan *their own* performance improvement, while giving the state health office a more frequent view of that performance.

The new model was designed by a CHD Quality Improvement Advisory Council and organized by the DOH's [Office of Performance Improvement](#). The Council membership included county health department leaders, central office program staff, and academic experts. With no additional resources, the group's charge was to design a standardized, sustainable system of measuring and managing performance. With patience and expert facilitation, the council reached agreement on a common set of measurable indicators. The identified indicators became the "County Health Department Snapshot", and provide a method for every CHD to compare their performance on these key indicators and national targets to other county health departments.

There are five steps in the new process and the *Plan-Do-Check-Act* model is integrated into each step.

Reporting: Each CHD reports results on identified indicators on their performance snapshot.

Review and Analysis: Each CHD analyzes snapshot results and other relevant data to identify strengths and opportunities for improvement.

Technical Assistance: Each CHD prioritizes their own need for technical assistance, and determines areas where *they* can provide assistance to others by sharing best practices. The Office of Performance Improvement Performance Consultants help arrange technical assistance identified by the CHDs.

Implementation: Each CHD develops and implements action plans to improve their performance

Evaluation: Each CHD evaluates the outcomes and effectiveness of their improvement plan.

Demonstrating their commitment to performance improvement, the Florida DOH established the Office of Performance Improvement which works to improve individual and organizational performance by offering consultation to Executive Staff, Central Office Programs, County Health Departments and community partners. Consultation service includes sharing best practices, knowledge and resources in workforce development, preparedness training, performance management, and marketing.

Peer Advisors

A unique component to Florida's performance improvement process is the use of Peer Advisors. Peer Advisors are used to provide technical assistance that addresses needs identified by CHDs. These advisors, best described as "mentors", work in county health departments and are familiar with the daily activities and practices. This approach has not only helped the state maintain a positive relationship with its local health departments, it has also enabled the Peer Advisors to identify and replicate best practices to improve their own local health departments. As a result, improved practices have spread throughout the state.

MLC-2 Accomplishments

Florida has accomplished the following activities outlined in the MLC-2 work plan including:

- Implementation of a 3-day statewide training for approximately 150 representatives from County Health Departments and Central Office Programs: The hands-on training targeted performance improvement tools and techniques, strategic planning and evaluation. The Florida Public Health Foundation, Miami-Dade County Health Department, and Dr. Cheryl Lesneski (UNC-Chapel Hill) assisted with all aspects of the training.
- Coordination of a ten county Cardiovascular Learning Collaborative to evaluate community outreach activities targeting heart disease using the Institute for Healthcare Improvement's Collaborative Learning Model. The 10 selected CHDs are working with Dr. Cheryl Lesneski (UNC - Chapel Hill) and Divvie Powell (Cincinnati Children's Hospital) to create change packages and logic models around two identified goals targeting physical activity.
- Enhancement and expansion of the Peer Advisor System. Dr. Dennis Cookro has led the charge to acquire new peer advisors and subject matter experts to provide technical assistance to County Health Departments. Two Peer Advisor Conferences were held in June and July to explain the components of technical assistance and engage new peers in the CHD Performance Improvement Process.
- Participation in knowledge sharing with other MLC-2 states. Representatives from the Office of Performance Improvement have attended an accreditation site visit in North Carolina, MLC-2 site visits in Washington and Ohio, and plan to participate in Michigan's MLC-2 site visit in August.
- Preparation for national accreditation. The Office of Performance Improvement is utilizing [NACCHO's Operational Definition](#) of a functional local health department to identify gaps in Florida's current performance improvement process compared to national accreditation standards. An analysis has been completed, and Florida will use the gathered information to incorporate changes to the performance improvement process, including standards and measures, to align with national criteria.

Florida's improvement process has garnered much attention, and several state and national organizations have expressed an interest in replicating their model. Dr. Dennis Cookro, Professor at the University of South Florida and Medical Advisor to the Florida DOH, noted, "With national accreditation efforts aimed at assuring a reasonable level of Public Health services across the country, it will be important to keep in mind that our public health workforce wants desperately to do a great job and, at least in our Florida experience, local health departments are very anxious to receive *effective and helpful* technical assistance [to help them achieve that]."

First of its Kind: North Carolina Pilot Accreditation Process is a Success

By Mary V. Davis, DrPH, MSPH, Denise Pavletic, MPH, Joy F. Reed, EdD, RN



Thirty local health departments across North Carolina have become accredited, and now the state has undergone a similar process to improve public health services and make the public health system more accountable. The first state in the U.S. to pilot an accreditation process at the state level, North Carolina received an excellent review from an external team of national experts on public health performance improvement and accreditation.

The Exploring Accreditation project, funded by the Robert Wood Johnson Foundation (RWJF) and the Centers for Disease Control and Prevention (CDC) examined the feasibility of a voluntary national public health accreditation system. North Carolina's pilot experience in state accreditation is now being viewed as a possible prototype for the national voluntary accreditation process.

In 2004, North Carolina's Department of Health and Human Services (DHHS) Secretary Carmen Hooker-Odom charged the N.C. Public Health Task Force with "developing recommendations on how to strengthen North Carolina's public health system, improve the health status for North Carolinians, and eliminate health disparities." The Task Force's 2004 Public Health Improvement Plan included a recommendation that the state Divisions of Public Health (DPH) and Environmental Health (DEH, in the Department of Environment and Natural Resources) perform a self-assessment using the [National Public Health Performance Standards \(NPHPS\)](#). Those standards are optimal standards that set forth the basic requirements for performing the core functions and services of public health.

The self-assessment instrument, modified from the NPHPS, included 891 questions covering the Ten Essential Public Health Services, plus one section each on Facilities and Governance. The two divisions began collecting sources of evidence and providing documentation in the fall of 2006, and were ready for a site visit on Feb. 27, 2007. An external team of national experts verified the documentation that the state provided to show its compliance with the requirements.

The site visitors were Kaye Bender (site visit chair), dean and professor, School of Nursing, University of Mississippi Medical Center; Leslie M. Beitsch of the Florida State University College of Medicine's Center for Medicine and Public Health; George Bond, former health director of Buncombe County, N.C.; Lee Thielen, vice president, Colorado Foundation for Public Health Environment; F. Douglas Scutchfield, Peter P. Bosomworth professor of Health Services Research and Policy, University of Kentucky. National observers included: Liza Corso, team lead, Performance Standards & Accreditation, CDC; Jim Pearsol, senior principal director for Public Health Excellence, Association of State and Territorial Health Officials; Pamela Russo, senior program officer, RWJF.

DPH/DEH partnered with the NC Institute of Public Health (NCIPH) to coordinate the site visit. The three-day site visit included document review, a virtual tour of the facilities and interviews with DPH/DEH management, community partners (Healthy Carolinians and the N.C. Association of Local Health Departments), DHHS Secretary Carmen Hooker-Odom and DENR Secretary Bill Ross. The visit culminated with a discussion of the entire pilot accreditation process with DPH/DEH management and staff, the national observers and the site visitors.

The site visitors submitted a written report in early March with their findings as well as recommendations on opportunities for performance improvement. The site visitors were pleased by both divisions' capacity, preparations for the review and visit, and the clarity of the evidence provided. They concluded that if this had been an official accreditation process (rather than a pilot), the divisions would far exceed the 80 percent threshold of standards met. The site visitors also praised the courage of the divisions and their leaders in stepping forward to do this assessment and noted that this was a sentinel event, the first time a state level

public health agency had invited a national site visit team to take them through an accreditation-type process.

Both division directors are committed to using the site visitors' recommendations as an opportunity for performance improvement. In May, the Division of Public Health's Division Management Team (DMT) met to prioritize the findings and recommendations from the site visit. As a result of that meeting, the management team identified the following priority areas relating to Essential Services (ES) 3,5, 8, and 10:

ES #3: Inform, Educate, and empower people about health issues

- What are the challenges related to developing division-wide coordination with IT activities to more effectively develop and disseminate health information messages?

ES #5: Develop policies and plans that support individual and community health efforts

- What are the challenges in the state developing a clear relationship between the State Health Improvement Plan (HC 2010) and policy changes needed to achieve objectives?

ES #8: Assure a competent public health and personal health care workforce

- What are the challenges for the state in determining whether there are adequate numbers of skilled personal health care workers to fill the state's current and future needs?

ES #10: Research for new insights and innovative solutions to health problems

- What are the challenges related to the state developing new research resources for the future?
 - The state should pull together appropriate research leaders from cooperating universities to reflect on existing research designed to improve the public's health and develop a combined research agenda to develop new information to improve the state's health.
 - The state should consider how best to translate research findings into action to improve health.

One member of the DMT serves as a sponsor for each performance improvement team, being termed ***DOTS-DPH On Target***. Each sponsor will designate the ***DOT*** team lead and determine the team membership from employees within the division. The ***DOT*** lead will serve to facilitate the performance improvement process using the Plan-Do-Check-Act methodology. The first ***DOT*** (ES #8) met on July 24, 2007 and the rest will be rolling out over the next several months.

Evaluation Services at NCIPH is conducting a comprehensive evaluation of the process which is funded through the RWJF as part of the Multi-State Learning Collaborative II (MLC-2). The purposes of the evaluation are to: 1) examine the use of a modified NPHPSP tool as a state health department accreditation framework; 2) document the accreditation process and identify lessons learned; and 3) provide insights from the process for the proposed national accreditation model.

Evaluation data collection has included interviews and surveys of state personnel, surveys with site visitors, and notes from the site visit debriefing meeting and other documentation. Preliminary findings from the evaluation were presented to Dr. Devlin and the DMT and during the MLC-2 North Carolina site visit. Evaluation respondents indicated that the overall process worked well. As one site visitor said in the evaluation, "This was a great model. With a little adjustment, should be replicated." The most important aspect of the process to be adjusted is the self assessment tool. Evaluation participants recommend that the state assessment tool have substantially fewer measures than the tool used. Preparation of reports and presentations to disseminate evaluation findings is underway.

Making the Connection is funded by the Robert Wood Johnson Foundation.