Local Public Health Quality Improvement Organizational Survey: Executive Summary

Minnesota Public Health Research to Action Network *May 2012*

The Multi-State Learning Collaborative Survey (MLC) was administered annually to state and local health departments (LHDs) in 16 states from 2009-2011. Minnesota participated each year, yet had the highest response rates for the February 2011 administration. The MLC-3 survey asked respondents to provide feedback on a variety of questions related to quality improvement, organizational culture and readiness for accreditation. This brief describes results related to Minnesota LHD organizational culture, particularly in the context of quality improvement (QI).

Methods

The University of Southern Maine (USM) administered the MLC-3 survey. The Public Health Director or Community Health Services Administrator completed the survey for his/her health department. In 2011, the Minnesota-specific MLC response rate was 78 percent (n=56 LHDs). Of those, 55 (98 percent) provided written consent to the USM to provide the Minnesota Department of Health (MDH) with the Minnesota results. There was some regional variation in response, with response rates ranging from 58 to 100 percent by region. Also, response rates appeared to vary slightly by whether the LHD was governed by a single-county Community Health Board (CHB) (75 percent response), a multi-county CHB (79 percent) or by a Human Services Board (HSB) (63 percent). Respondents were asked to indicate their level of agreement (strongly agree, agree, neutral, disagree, strongly disagree, I don't know).

Quality Culture

Local public health departments in Minnesota appear to be on the forefront, as a system, in moving towards a culture that supports quality efforts and improvement. Leaders are receptive to change and see value in QI activities. In addition, there appears to be a strong sense of working together and handling issues respectfully. Yet, this knowledge of QI and the steps needed to get there may make Minnesota respondents more stringent in their self-evaluation as to whether a continuous QI culture has become pervasive within their agencies. Thus, as they learn more about truly embracing continuous QI, they see room for improvement. In addition, these LHD leaders will need to continue to work with their boards and management teams to come together around a common set of goals related to enhancing quality within their organizations.

Alignment and Spread

Minnesota LHDs agree that QI approaches are compatible with activities within their agency and also that spending resources on QI is worth it. An overwhelming percent of respondents felt

At A Glance

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Minnesota LHDs show a high level of knowledge about QI capacity within their agencies. It appears that while there has been some training, particularly at the leadership level, staff do not have high levels of training and skills related to QI activities. These indicators will likely change in Minnesota , particularly given the high interest among LHD leadership and staff.

that QI approaches would translate into improved population health in their communities. All questions related to employee buy-in or the value of QI were consistently supported by respondents. Yet it appears that fully integrating QI into Minnesota LHDs hasn't yet occurred. Only a low percent of respondents agreed that job descriptions include QI or that there are agency resources to sustain these activities. Less than half of the agencies reported that QI was spread across program areas within their agencies or that all of their staff were participating. Therefore, Minnesota LHDs have an opportunity to build upon the enthusiasm and reported value of QI to more fully-integrate QI activities within their agencies.

Quality Improvement Capacity

Minnesota LHDs show a high level of knowledge about QI capacity within their agencies. It appears that while there has been some training, particularly at the leadership level, staff do not have high levels of training and skills related to QI activities. Overall, LHDs within Minnesota appear to be doing a good job using customer satisfaction information. Yet other data indicators are less developed. Respondents indicate a general lack of accurate and timely data, as well as objective measures for evaluating quality. Also, formal QI activities do not appear widespread at the time of this survey. These indicators will likely change in Minnesota, particularly given the high interest among LHD leadership and staff. In addition, the Minnesota Department of Health (MDH) provided resources around development of a QI Plan to 10 LHDs who applied to be part of a leadership collaborative. These LHDs all submitted completed QI Plans in December 2011.

About the Research to Action Network

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