



Analysis of local health department factors that accelerate population-based intervention implementation and support success

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Minnesota Public Health Research to Action Network

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Does integrating QI and having a “culture of quality” lead to a more effective and stronger health department?

How can we better structure, finance and staff our LHDs/CHBs to do more population-based public health? To achieve better outcomes?



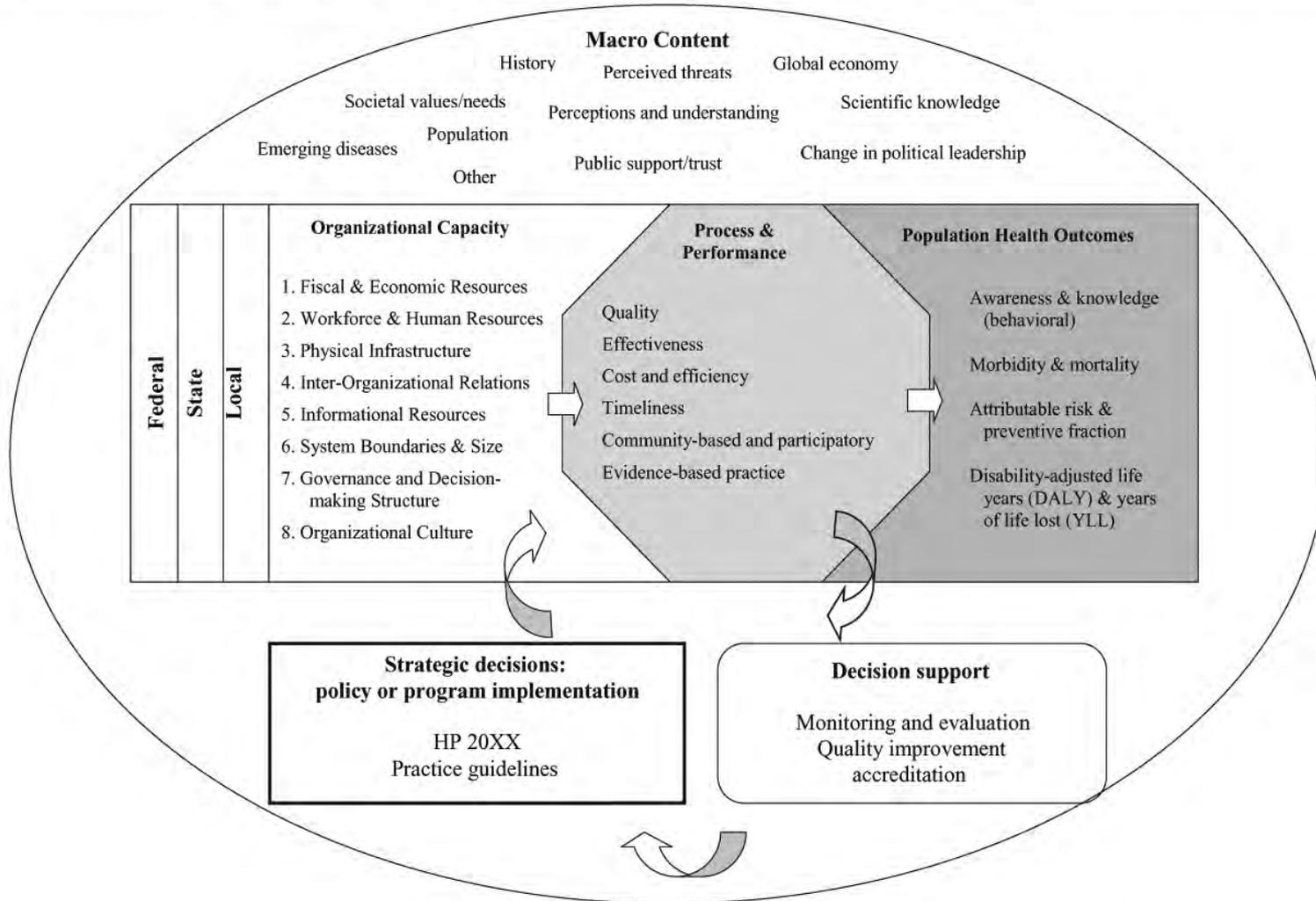
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health reform

MINNESOTA

- The Minnesota Statewide Health Improvement Program (SHIP) covered all 87 counties, plus 9 of 11 Tribal governments.
- SHIP represents unprecedented statewide investment of \$47 million (\$3.89 per person) for the years 2009-2011.
- SHIP initiative driven by a menu of evidence-based, policy, systems and environmental (PSE) change strategies to promote nutrition, increase activity, and reduce tobacco use and exposure.





Meyer, A. M., Davis, M., et al. (2012). "Defining organizational capacity for public health services and systems research." *Journal of Public Health Management and Practice* 18(6): 535-44. <http://www.ncbi.nlm.nih.gov/pubmed/23023278>

Study Aims

Study Aim: Examine the potential relationship between local public health capacity and performance implementing evidence-based strategies to prevent chronic disease.

Supplementary Aim: Identify factors that facilitated or hindered local implementation of SHIP

Quantitative Data Elements

- Readiness for accreditation
- Structure
- LHD expenditures
- Participation in SHIP-specific QI activities
- Authority of top health official
- SHIP Grantee Performance
- QI Maturity Score

QI Maturity Score

Organizational Culture

Key decision makers believe QI is important

Staff are routinely asked to contribute to decisions

Staff has the authority to make change

My agency currently has a pervasive culture that focuses on continuous QI

Capacity/Competency

My agency has a QI plan

Leaders are trained in basic methods for improving quality

My agency has a high level of capacity to engage in QI efforts

Alignment and Spread

Job descriptions for many individuals include QI responsibilities

Customer satisfaction information is routinely used.

My agency currently has aligned our commitment to quality with most of our efforts, policies and plans.

What have we learned?

QI Maturity is related to

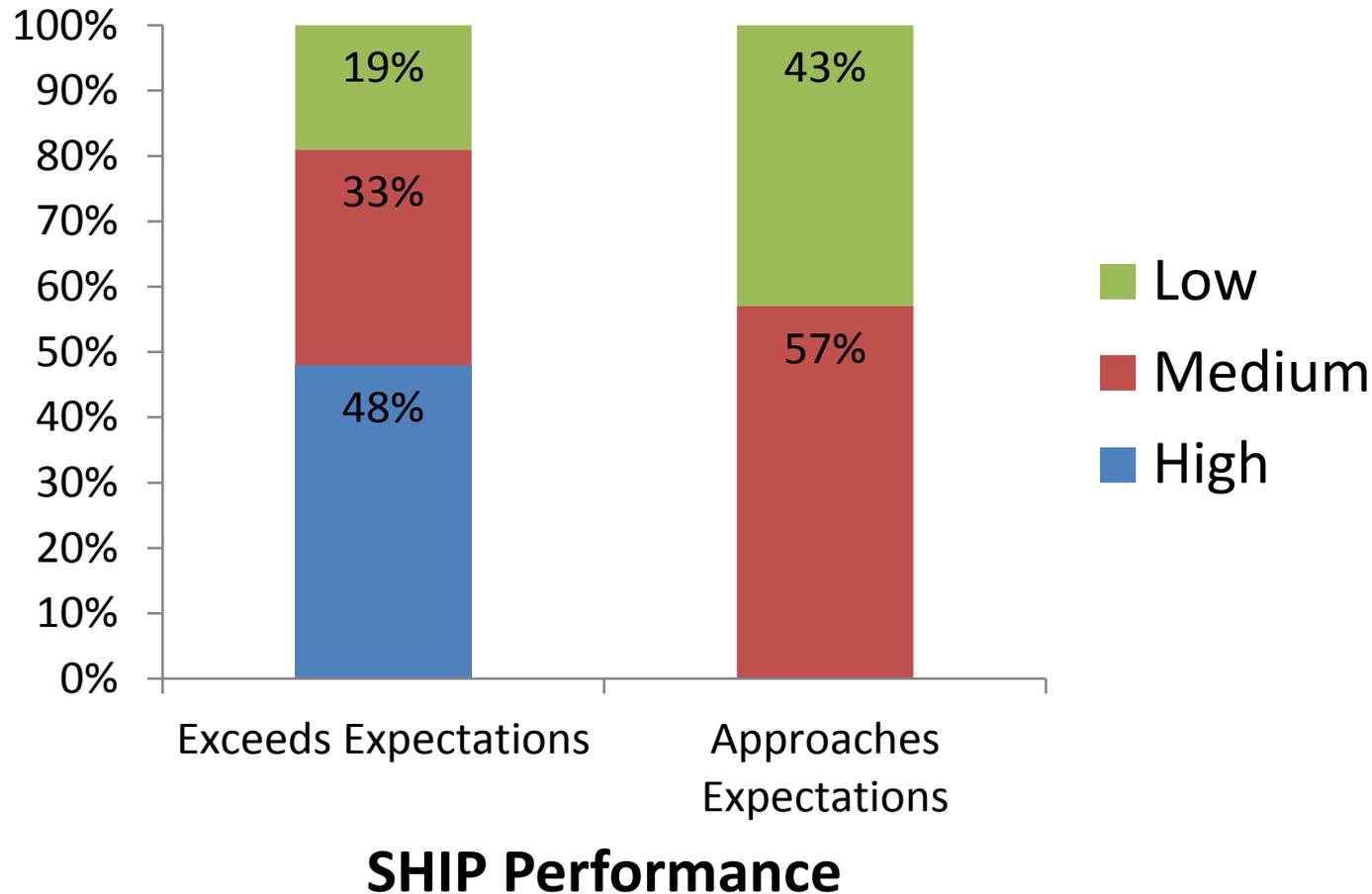
- Total per capita LPH expenditures
- Top official authority

SHIP Performance related

- Per capita expenditures for Healthy Communities & Healthy Behaviors
- QI maturity

Grantees with higher QI maturity were 4x as likely to exceed grantee expectations

SHIP Performance by QI Score



Qualitative Interviews

- Fifteen SHIP grantees were selected to participate in telephone interviews (100% agreed)
- Represented five grantees from each level of performance with mix of characteristics
 - Multi-county (9) and single county/city (6)
 - Stand-alone health (10) and combined (5)
 - Twin Cities metro (2) and greater MN (13)
- Interviews conducted during July-August 2012

Key Interview Findings

Compared to grantees who met or exceeded SHIP expectations, grantees who approached expectations differed consistently in four key areas of capacity:

- Organizational culture
- Workforce and human resources
- Governance and decision-making
- System boundaries and size

Key Interview Findings

- Local funding was crucial
- The SHIP initiative stretched all grantees.
- All grantees pointed to evidence of sustainability.
- Having resources to award local mini-grants was important to partnerships.
- Having a full time coordinator was often identified as a key asset.
- Vocal, visible executive level leadership paved the way. Lack thereof slowed progress.
- Most grantees highly valued formal and informal sharing across jurisdictions and with other grantees.

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