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

Kim Gearin
Minnesota Public Health Research to Action Network

Presentation to the State Community Health Services Advisory Committee
March 1, 2013
MN Public Health Research to Action Network

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?
• 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.
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

Exceeds Expectations
- Low: 19%
- Medium: 33%
- High: 48%

Approaches Expectations
- Low: 43%
- Medium: 57%

SHIP Performance

Levels:
- Low
- Medium
- High

Performance Categories:
- Exceeds Expectations
- Approaches Expectations
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.
Acknowledgments

The Minnesota Department of Health is a grantee of two national programs of the Robert Wood Johnson Foundation

- Public Health Services and Systems Research [Award 68674]
- Practice Based Research Network in Public Health [Award 69683]

Minnesota Public Health Directors and Administrators and SHIP coordinators who completed surveys and annual reports used in this analysis.

The Public Health Practice-Based Research Networks (PBRN) National Coordinating Center and the National Coordinating Center for PHSSR at the University of Kentucky College of Public Health

- Glen Mays, PhD, MPH

National Network of Public Health Institutes (NNPHI)

- Nikki Lawhorn, Sc.D., MPP and Erica P. Johnson, MA

- Brenda M. Joly PhD, MPH, University of Southern Maine
- Bryan Dowd, PhD, University of Minnesota
For More Information

Kim Gearin
Kim.gearin@state.mn.us
651-201-3884

Beth Gyllstrom
Beth.gyllstrom@state.mn.us
651-201-4072

MN Public Health Research to Action Network
http://www.health.state.mn.us/ran

MN SHIP
http://www.health.state.mn.us/ship/