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

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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?
• 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

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.
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