

2012

Public Health
Services & Systems
Research

KEENELAND CONFERENCE



Translating the Evidence: *Call to Post*

19 April 2012

2012 PHSSR Keeneland Conference



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At the Gate

Pre-Presentation Bets

Rate each program by:

- Wow, great idea, I can really use this
- I may be able to use this in my work; but not certain
- Interesting, I will put it in my toolbox for the future
- Not applicable to my work

Bet choices

Win

Place

Show

N/A

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At the Gate

Pre-Presentation Bets

	Win	Place	Show
1 NH			
2 OH			
3 CO			
4 MN			

Closing Session–PARTNERUp! Lea LaFave & Danielle Varda



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299463

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299464

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299465

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299466

Total Results: **0**

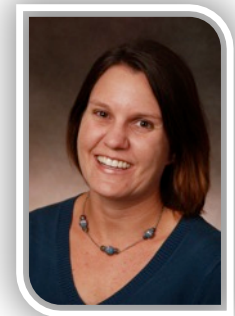
PARTNERUp

New Hampshire

PRESENTERS



&



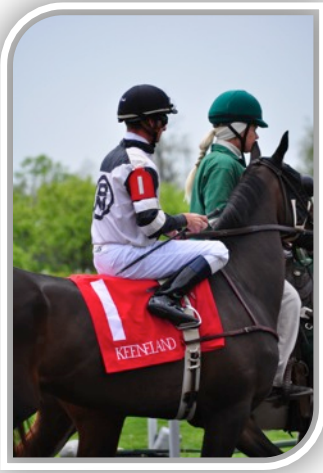
Lea LaFave

Danielle Varda

TOPIC

Use of Social Network Analysis in
Public Health Practice: Community
Strategic Planning for Substance Abuse
Prevention





PARTNERUp

New Hampshire

FACULTY DISCLOSURE

My spouse, significant other, or I have not had any relevant financial relationships during the past 12 months.

EDUCATIONAL NEED/PRACTICE GAP

While the *practice* of collaboration has increased, the ability to evaluate it has not kept up.

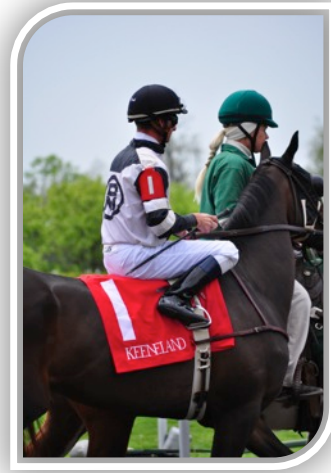
OBJECTIVES

- This presentation will address that gap by demonstrating how New Hampshire used the PARTNER tool to evaluate collaboration.
 - After this presentation, the audience will have knowledge of a SNA tool for evaluating collaboration and one practice example.
-

EXPECTED OUTCOME

The use of the PARTNER tool by the practice community can increase QI processes by providing evidence to inform process changes and practice.





WHAT I WANTED TO KNOW

PARTNERUp

New Hampshire

Need to Evaluate Collaboration in NH

Small State (pop ~ 1.3M); “Live Free or Die”;
High social capital index; High youth alcohol misuse;
Lack of integration x services; Geography

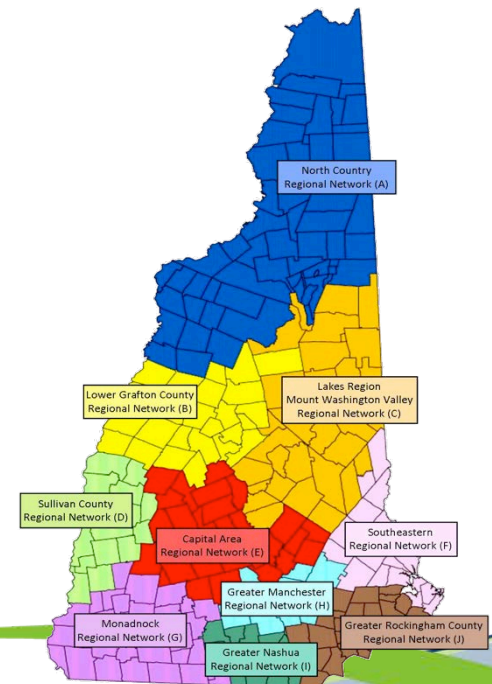


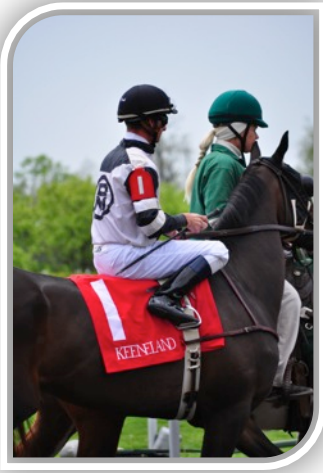
Lea LaFave, PhD,
NH Community
Health Institute

WHY?

NH Bureau of Drug and Alcohol Services

- Strategic Prevention Framework
 - SAMHSA-funded
- 10 Regional Networks
 - State-contracted Regional Network Coordinators (RNCs)
- 5-Sector Model
 - Education, Safety, Government, Health/Medical, Business





PARTNERUp

New Hampshire

WHAT WE STUDIED

- Measure & Monitor Connectivity in Public Health Collaboratives
- Priority Goals:
 - Improve PH Dept Capacity to Apply SNA Data to Quality Improvement
 - Increase Implementation/Use of Quality Improvement tools (PARTNER) in health departments
 - Standardize analysis of PARTNER data to compare across health departments



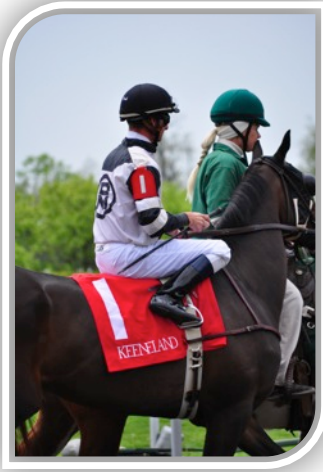
Danielle Varda, PhD
University of
Colorado, Denver

WHAT WE FOUND

Created a tool: PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) – www.partnertool.net

- Includes: Validated Survey, Analysis Tool, Technical Assistance (Web Demos, Technical Guide), and QI Templates
- Over 150 users in almost every state





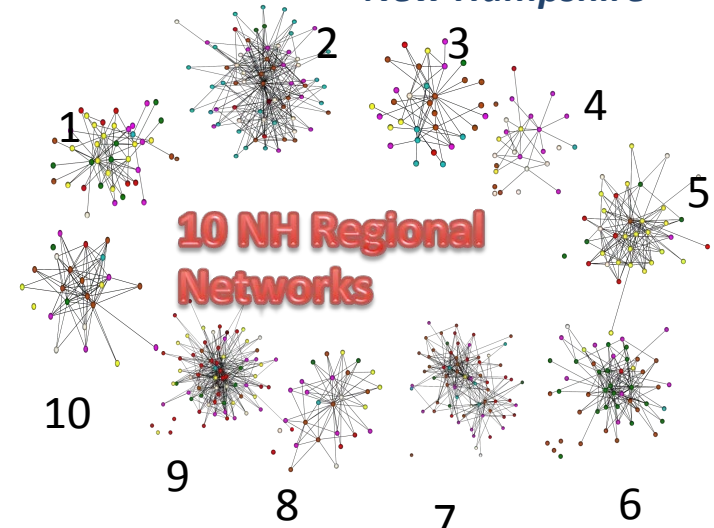
WHAT I LEARNED FROM THE STUDY

PARTNERUp

New Hampshire

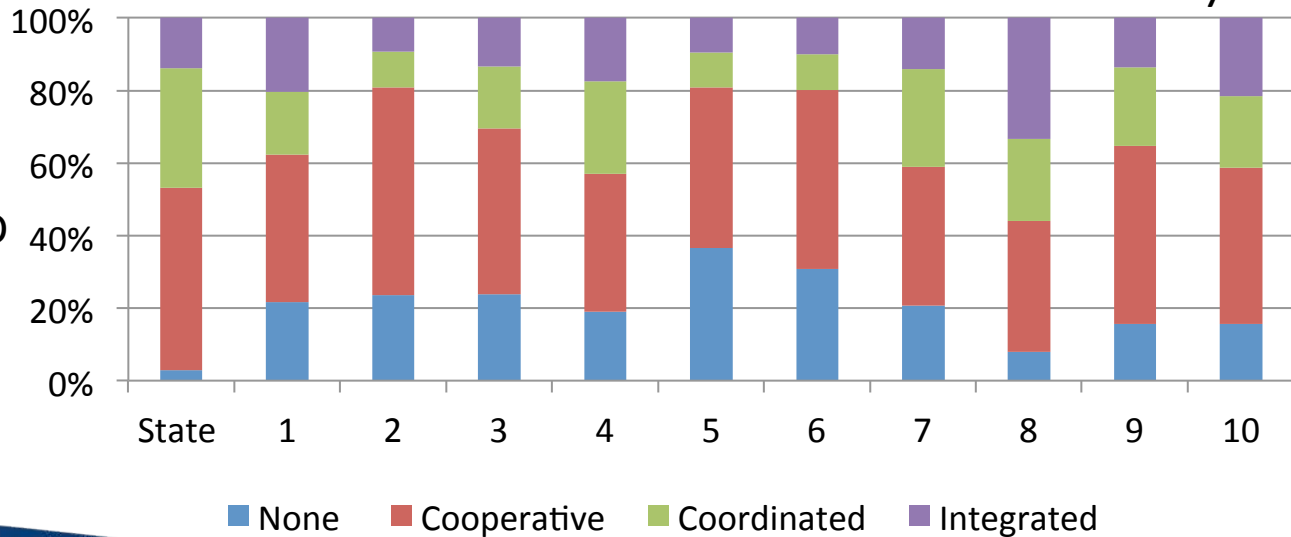
Administering PARTNER Survey

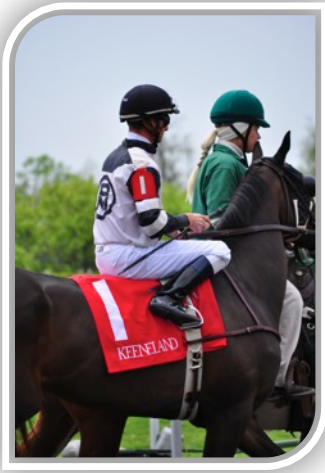
Survey Data (Statewide)	Regional		
	Mean	Median	Range
Surveys Sent (n=489)	44	46.8	23-72
Surveys Returned (n=150)	12.5	13.6	8-26
Response Rate (31%)	28%	30%	18-44%
Trust Score	57%	58%	24-77%



Lea LaFave, PhD
NH Community Health Institute

% Responses by Activity Level x Region





HOW I USED THE RESULTS

Regional and Statewide Evaluation:
Capacity Development
Coalition Effectiveness

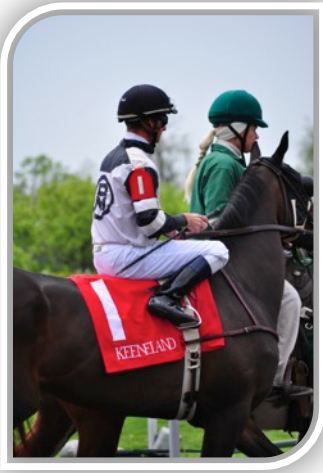


Lea LaFave, PhD
NH Community
Health Institute

- % ↑ in collaborative activities along the continuum



- ↑ range of self-reported most important contributions
- % ↑ reporting contributions in Leadership/Data
- % ↑ in Trust Score



PARTNERUp

New Hampshire

NEXT STEPS

- Rework sector identifiers to more accurately reflect sector representation for organizations that serve multiple roles in a small community
- Connect regional and state level network maps to identify inter-regional resources/assets
- Support regional networks to use findings for community strategic planning



Lea LaFave, PhD
NH Community
Health Institute

OTHER PROJECTS USING PARTNER

- Drug Free Community Coalition Evaluation
- Integration of Chronic Disease Programs

Closing Session–PARTNERUp! Lea LaFave & Danielle Varda



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Closing Session–MoneyTalks: Michael Morris & Matthew Stefanak



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293254

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293255

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293260

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298542

Total Results: **0**

MoneyTalks

Ohio

PRESENTERS



Matt Stefanak

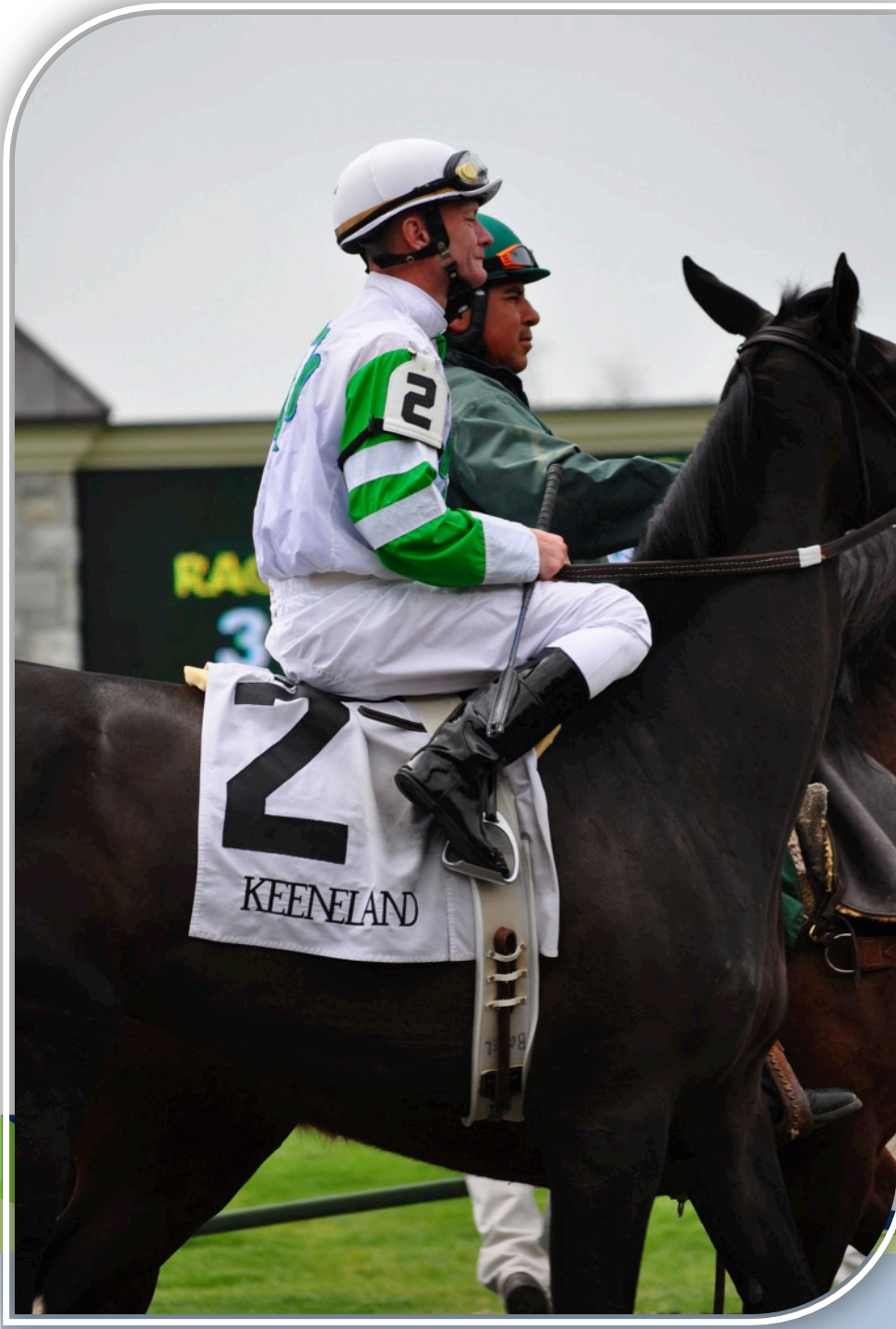
&



Michael Morris

TOPIC

Merging health departments &
financial analysis



FACULTY DISCLOSURE

Nothing to disclose

EDUCATIONAL NEED/PRACTICE GAP

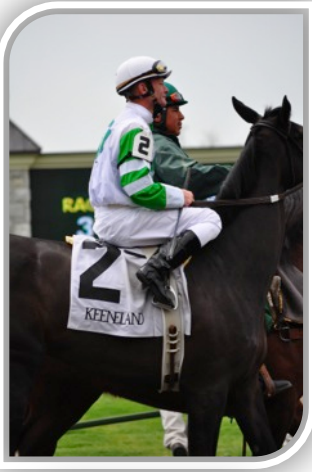
Estimating financial implications of consolidation in LHDs

OBJECTIVES

- Discuss issues of collaborative practice based research
 - Describe challenges of studying consolidation
-

EXPECTED OUTCOME

Increased interest in examining the issue of consolidation in local public health?



WHAT I WANTED TO KNOW

What are the financial implications of consolidating health departments in my district?

WHY?

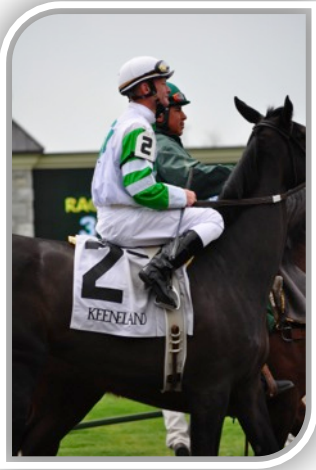
Climate of consolidation in Ohio

Proposed merger: Mahoning/Youngstown

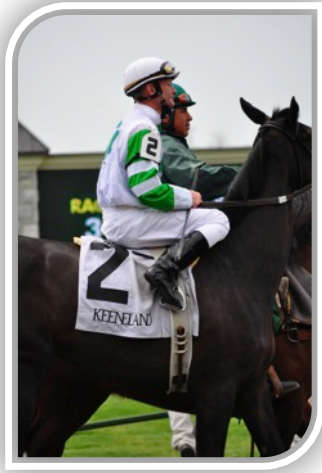
Review requested:

- Mahoning County township trustees
- Youngstown mayor

One of key drivers... potential cost savings



Matt Stefanak,
Mahoning County
Commissioner of
Health



Mike Morris,
Assistant Professor
UAMS

WHAT WE STUDIED

Data-2010 Ohio Annual Financial Report (AFR)

Matched Sample 11 Ohio counties

6 consolidated and 5 multi LHD counties (aggregated)

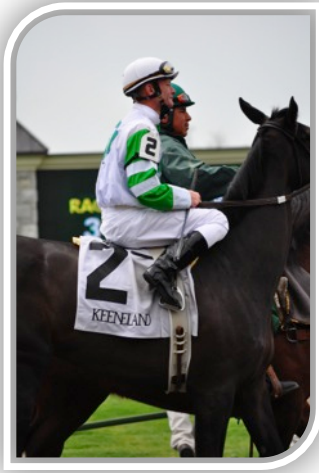
Generalized Estimating Equation Model

WHAT WE FOUND

Consolidated LHDs ~ 10% lower administration costs

Overall expenditure reduction....Perhaps?

Independent LHDs received more local funding



MoneyTalks

Ohio

WHAT I LEARNED FROM THE STUDY

Consolidation not a silver bullet

Challenge of conducting finance oriented research



HOW I USED THE RESULTS

Presented to county/city leaders/key stakeholders

- Rough estimate of financial implications of policy
- Grounded policy maker expectations
- Provided evidence to continue consolidation talks

Matt Stefanak,
Mahoning
County
Commissioner
of Health

Closing Session–MoneyTalks: Michael Morris & Matthew Stefanak



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Closing Session–NewStart: Lisa VanRaemdonck & Julie Marshall



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299511

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299513

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299514

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NewStart

Colorado

PRESENTERS



Lisa VanRaemdonk

&

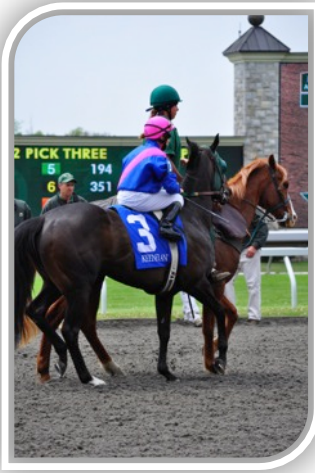


Julie Marshall

TOPIC

Regional Approaches to
Assure Public Health Core
Services





NewStart

Colorado

FACULTY DISCLOSURE

The authors have no financial relationships to disclose.

EDUCATIONAL NEED/PRACTICE GAP

Need for research partnerships as part of practice

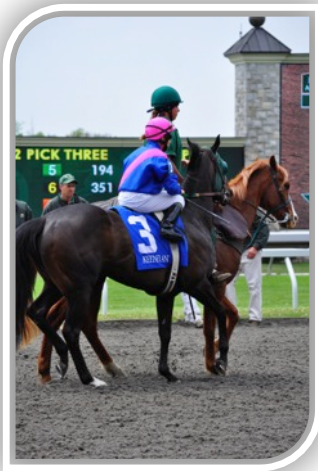
OBJECTIVES

- Increase understanding of practice research partnerships
 - Increase understanding of cross jurisdictional service sharing (CJSS)
-

EXPECTED OUTCOME

Participants will be inspired to improve their practice-research relationships
Participants will think this is a “Great Idea. I can really use this!”





Lisa VanRaemdonck,
Colorado Association
of Local Public Health
Officials

WHAT I WANTED TO KNOW

- What cross-jurisdiction sharing models currently exist for rural local public health agencies (LPHA) to assure provision of core services?
-

WHY?

- New public health law in Colorado requiring LPHAs to assure core services.
- Assumptions at state level about solutions to rural core services without understanding of current ways LPHAs assure core services.

WHAT WE STUDIED

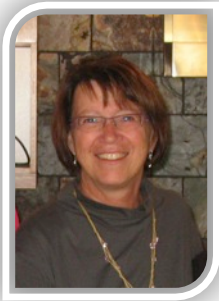
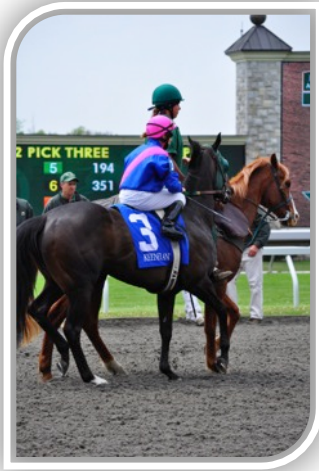
All 54 LPHAs in Colorado

- **Web-based survey**

- 25 lead/partner, 2 lead only, 27 partner only
- “Regional approaches”
 - *purpose, motivation, players, evaluation, funding, legal barriers, form of agreement (informal/legal/binding), ongoing decision making*

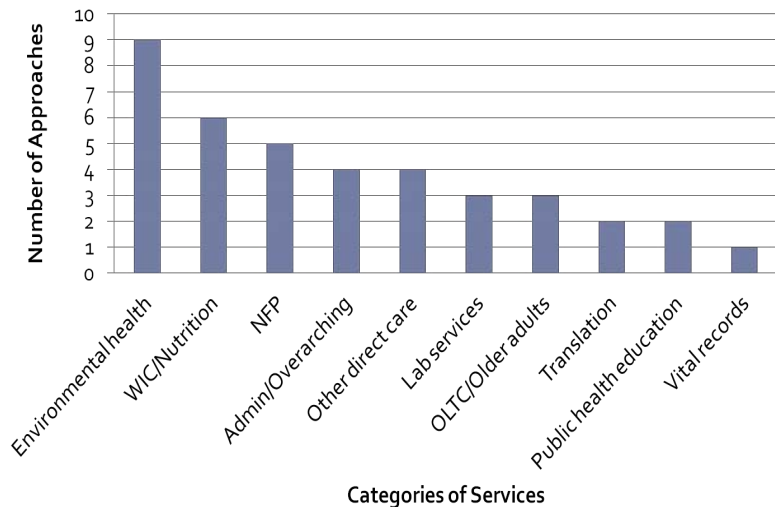
- **10 key informant interviews**

- purposeful selection to capture diverse LPHA size, type of service, years in existence
- more depth on processes, challenges



Julie Marshall,
University of Colorado
Colorado School of
Public Health

WHAT WE FOUND

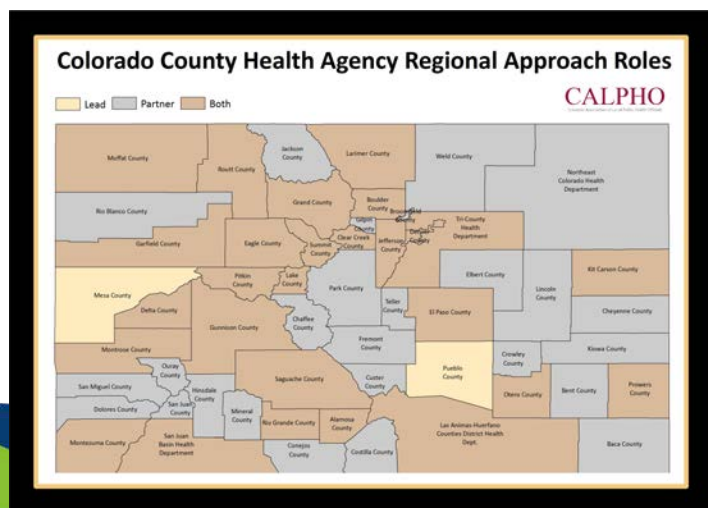


Top 3 Reasons for initiating:

1. Service not previously available (42%)
2. Funding provided (state-level) (27%)
3. Local champion (22%)

Who was involved in development:

- Public health director (69%)
- County commissioners (38%)
- Community partners (20%)
- Attorney (13%)
- Human services director (13%)



NewStart

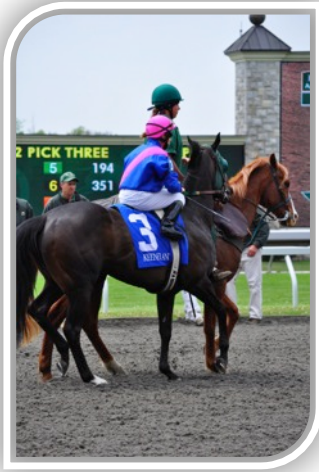
Colorado

WHAT I LEARNED FROM THE STUDY

- CJSS exists strategically based on local service need, political will and best available community options
-

HOW I USED THE RESULTS

- Shared CJSS models with LPHA directors
- Used in conversations with state leaders making decisions to guide system change
- Shared with other states, PHAB, PH Law



Lisa VanRaemdonck,
Colorado Association
of Local Public Health
Officials

NewStart

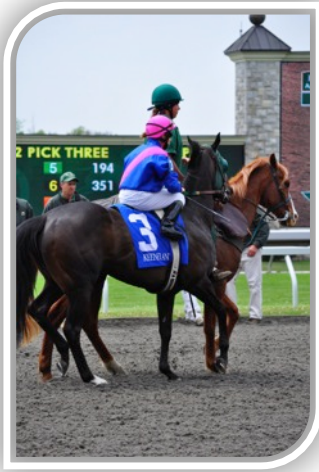
Colorado

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Lisa VanRaemdonck,
Colorado Association
of Local Public Health
Officials

Closing Session–NewStart: Lisa VanRaemdonck & Julie Marshall



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Closing Session–QualityReins: Kim Gearin & Renee Frauendienst



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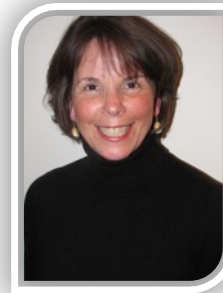
299594

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QualityReins

Minnesota

PRESENTERS



Kim Gearin

&



Renee Frauendiest

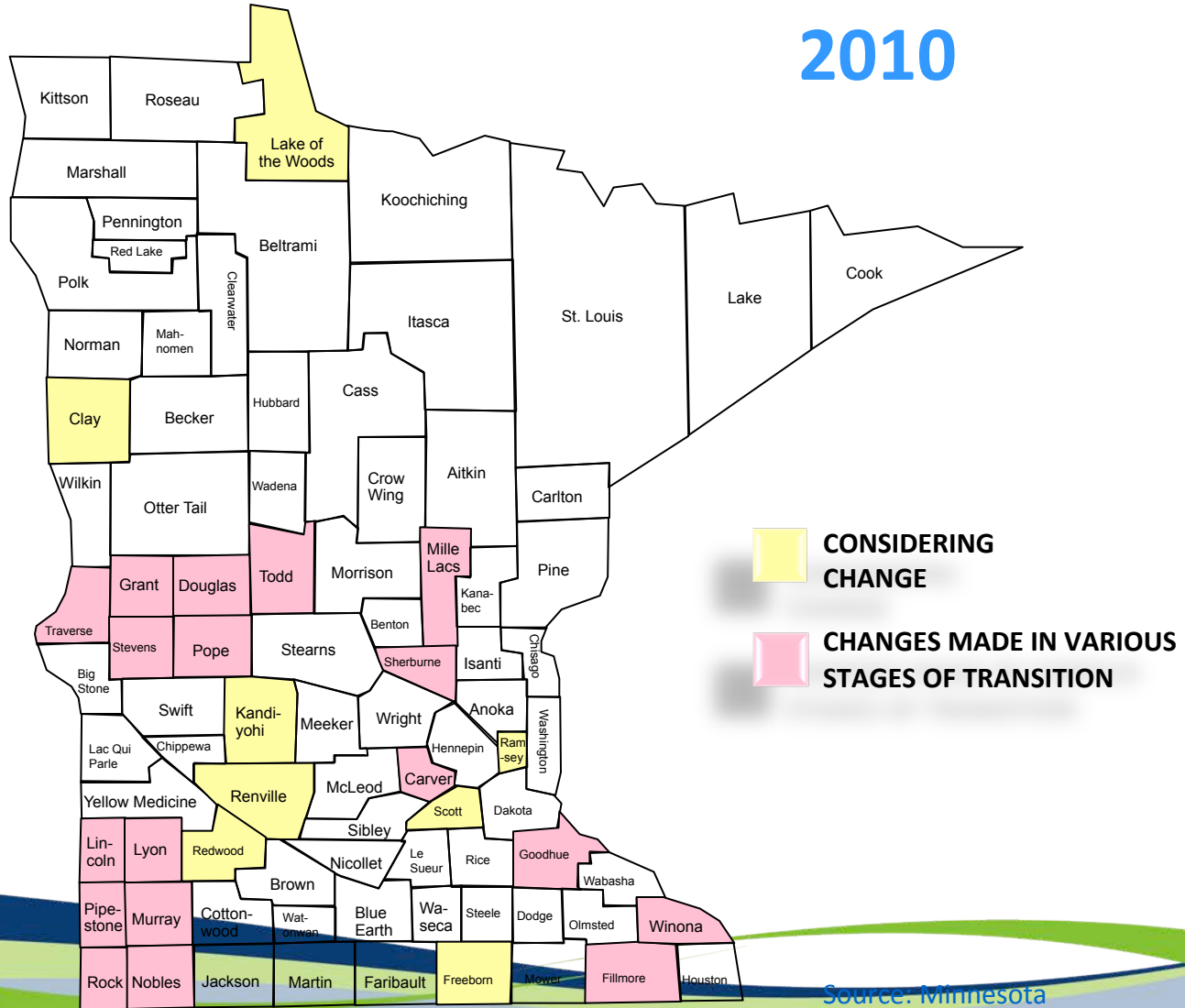
TOPIC

Quality improvement stories

A decorative graphic at the bottom of the page consisting of two overlapping, curved lines. The top line is a vibrant green, and the bottom line is a dark blue, both curving from the left towards the right.

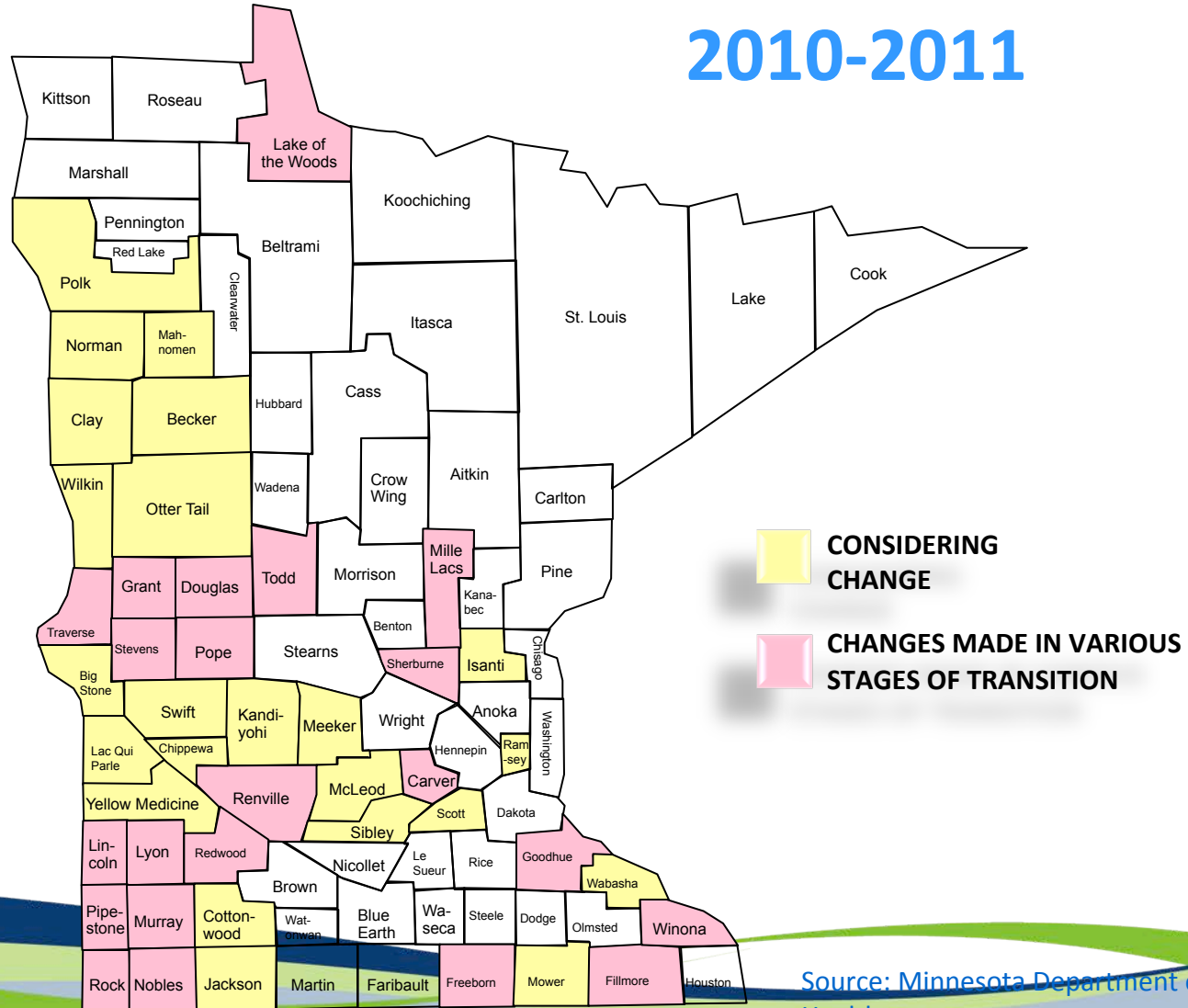
Governance & Org. Structure Change

2010



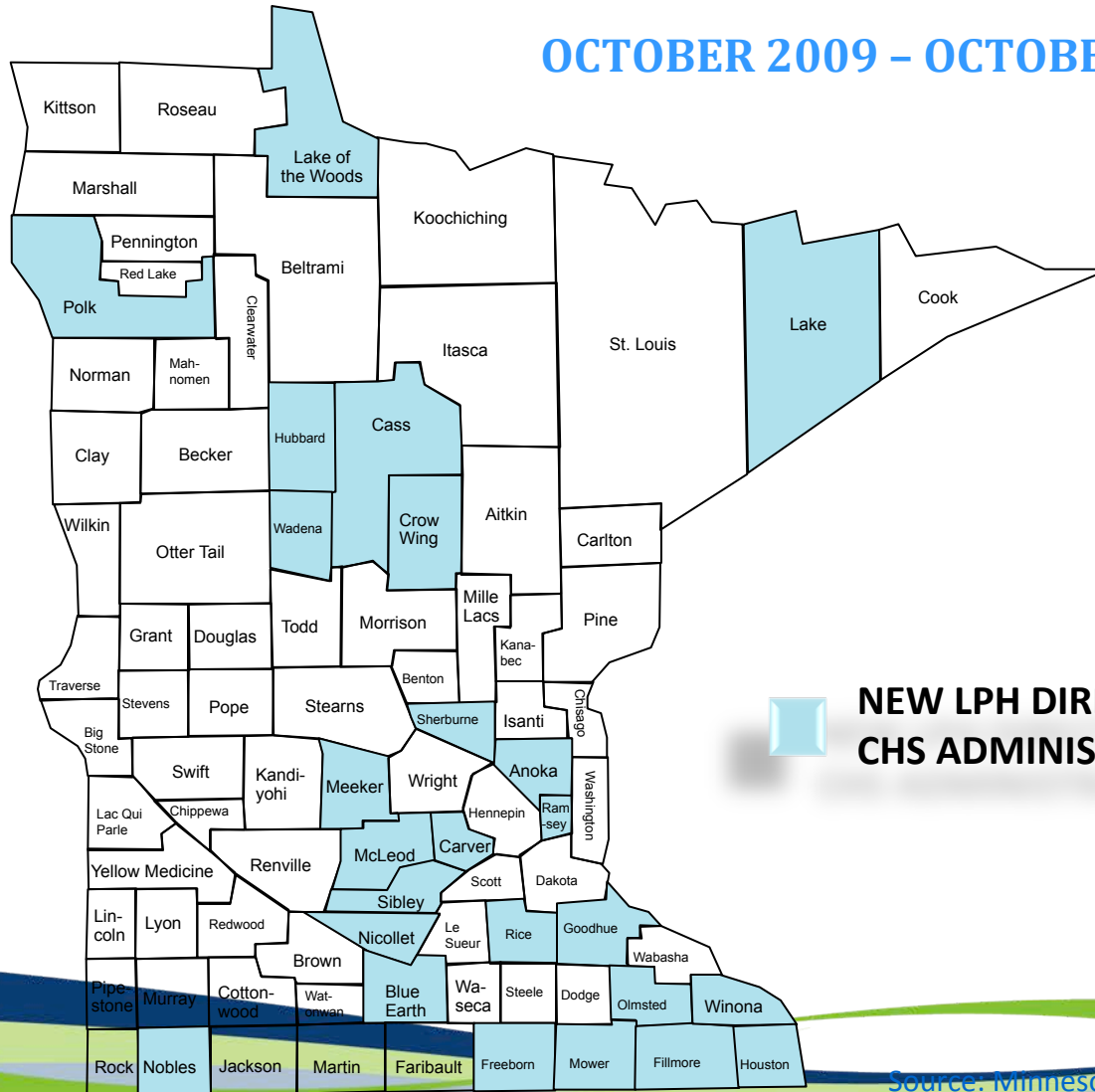
Governance & Org. Structure Change

2010-2011



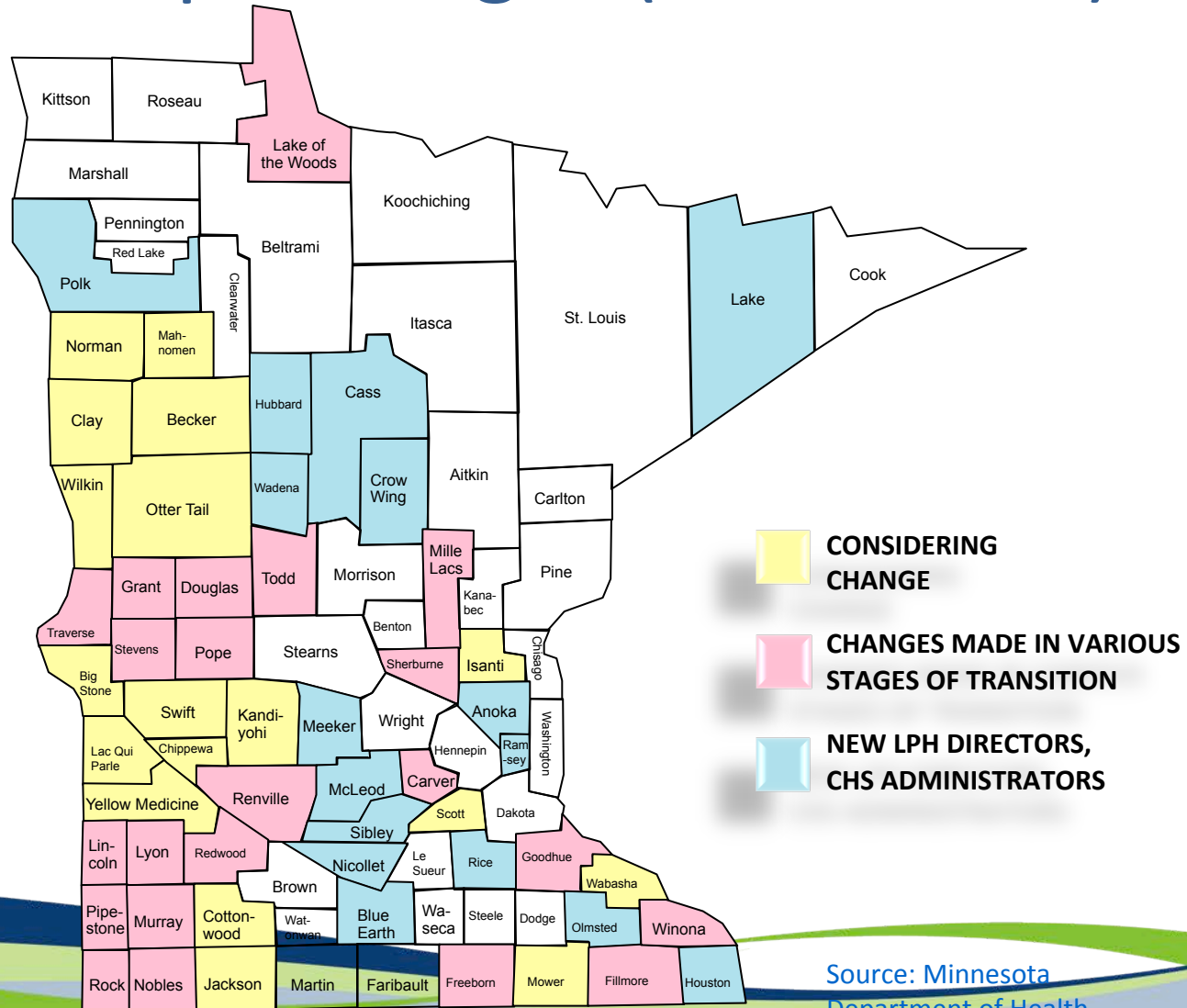
LPH Leadership Changes

OCTOBER 2009 – OCTOBER 2011




 **NEW LPH DIRECTORS,
CHS ADMINISTRATORS**

Governance, Org. Structure, and Leadership Changes (2010-2011)



What we wanted to know

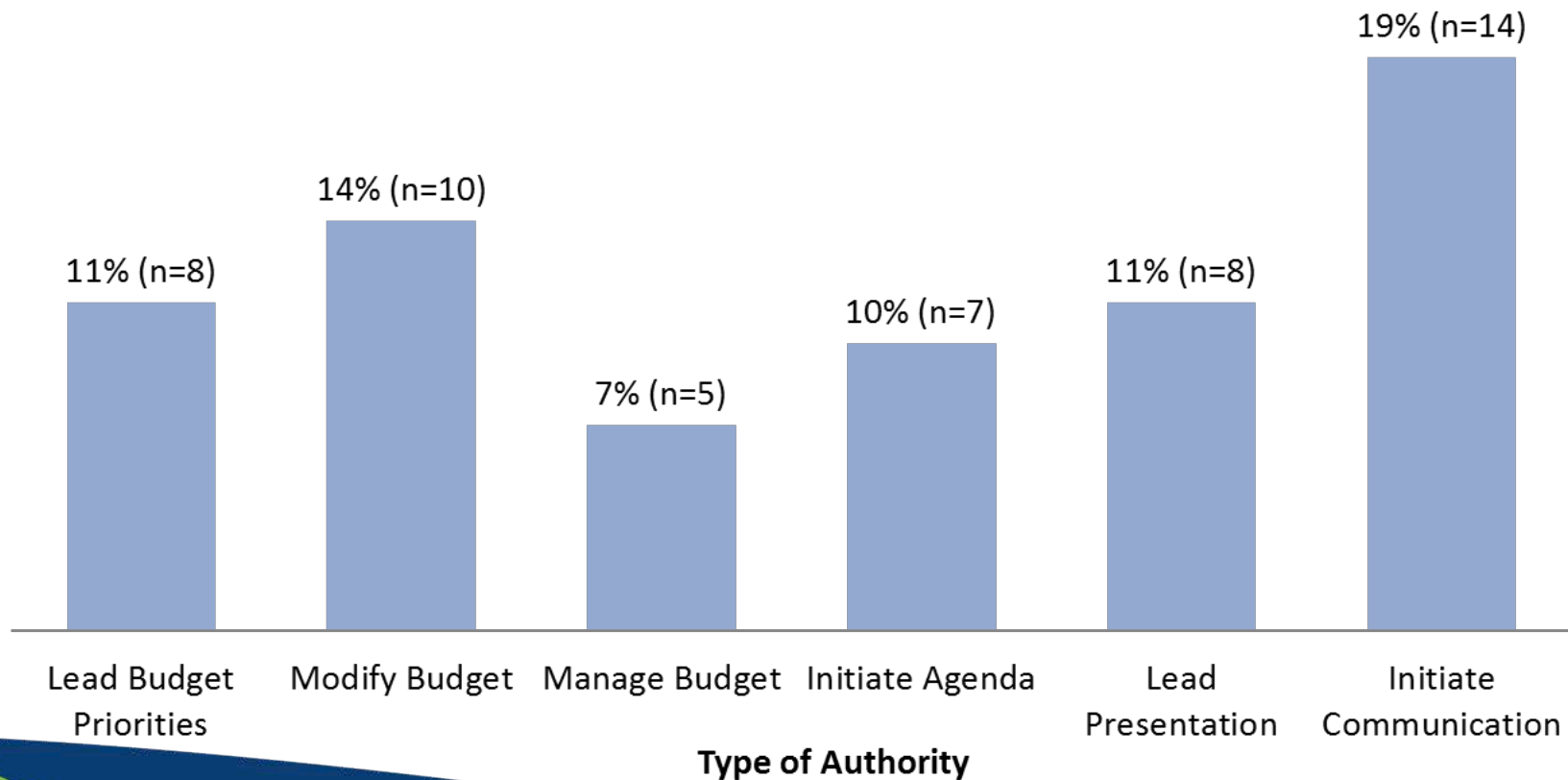
- What's happening?
 - To what extent do local health directors say that they have the kinds of authority they need?
 - How far along are health departments in creating a culture of QI?
 - Are there differences in level of authority and QI maturity depending on organizational structure?
- 

Research Focus

- Organizational Structure
- Local Health Director Authority
- Organizational QI Maturity



Number and percentage of MN local health directors who report lacking authorities



73 of 75 Minnesota Local Health Departments (97%)

Source: 2010 Survey of Local Public Health Officials

Authority of local health director by organizational structure

	6 of 6 authorities	5 of 6 authorities	3-4 of 6 authorities	1-2 of 6 authorities	Total
Stand alone department	31 (82%)	3 (8%)	3(8%)	1(3%)	38(100%)
Part of broader structure	15 (50%)	7 (23%)	4(13%)	4 (13%)	30(100%)

$X^2(3, N = 68) = 8.28, p = 0.041$

68 of 75 (91%) local health departments in Minnesota

Source: 2010 Survey of Local Public Health Officials

QI Maturity Score

Maturity of QI instrument (70 items)

1. Capacity and competency
2. Organizational culture
3. Alignment and spread

Measure system progress

Create subset

Factor analysis

Consultation

QI Maturity Subset

QI Capacity and 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.

Organizational Culture

Key decision-makers believe QI is important

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

Staff members are routinely asked to contribute to decisions at my agency.

Staff have the authority to make change.

Alignment/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

Organizational Structure and QI Maturity Score

Organizational Structure of LHD	QI Maturity Score		
	<u>High</u> Formal QI & QI Culture	<u>Medium</u> Ad Hoc QI	<u>Low</u> No QI Just Starting
Stand Alone Health Department	8 (20.5%)	19 (48.7%)	12 (30.8%)
Health Department within Larger Structure	8 (22.2%)	11 (30.6%)	17 (47.2%)
Total	16 (21.3%)	30 (40.0%)	29 (38.6%)

N=75 Minnesota Local Health Departments

Source: Minnesota Department of Health and NACCHO *Roadmap to a Culture of QI*

<http://www.naccho.org/topics/infrastructure/accreditation/upload/QI-Roadmap-11-16-11.pdf>

Research Question:

What are the predictors of local public health performance on select evidence-based strategies to achieve policy, system and environmental changes related to physical activity and nutrition?

Primary Hypothesis:

Increased local public health capacity (including top official authority, maturity of QI within organizations) will predict higher levels of grantee performance on a statewide, community-based intervention.

Practice impact

- Changes in system
 - Need to raise the bar-promoting QI throughout system
- Suspecting changes may be impacting authorities
- Getting some validation from survey
 - Authorities
 - Desires for performance improvement
- Importance of authorities
 - Access to policy makers
 - Ability to impact budget

Can impact the movement toward QI capacity and the assumed improvement in performance

Practice Impacts

State and System Level

- Recommendations impacting authority presented to Commissioner of Health in a “Blueprint “ to improve Minnesota’s public health system
 - Desired authorities are featured in a resource guide when evaluating organizational structure
 - Different levels
 - Eg: “will the top PH official have sufficient authority to allow for effective response to PH issues”
 - MDH directing additional staff time toward consultation

Practice Impacts

Local Health Department

- How did having a better understanding of authority and the potential link between authority and structure influence you and your work?
 - Number of factors impact ability to implement QI
 - INI' s 7 leadership leverage points framework
 - system level aims overseen at highest governance level
 - Board is accountable for achieving aims and performance measure
 - Same includes budgeting authorities

Practical Impacts

- Some local health directors have used the issue brief as an opportunity/tool to discuss authority with their superiors
 - Horizon CHB
 - Mower
 - Norman; Mahnomon and Polk Counties
 - Stearns County

These studies were supported by a national program of the Robert Wood Johnson Foundation – the Public Health Practice-Based Research Networks Program, and a PBRN Research to Implementation Award.

Renee S. Frauendienst, RN, PHN, BSN
Public Health Division Director/CHS Administrator
Stearns County Human Services

Renee.frauendienst@co.stearns.mn.us

Kim Gearin, PhD
Office of Performance Improvement, MN Department of Health
Kim.gearin@state.mn.us

MN Public Health Research to Action Network:
<http://www.health.state.mn.us/divs/cfh/ophp/system/ran/>

Minnesota's Blueprint for Successful Local Public Health Departments
http://www.health.state.mn.us/divs/cfh/ophp/system/schsac/reports/docs/bpwg_finalreport_122010.pdf

Closing Session–QualityReins: Kim Gearin & Renee Frauendienst



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Rounding The Bend

Post Presentation Bets



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And The Winner Is...

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859-257-5678

www.publichealthsystems.org

