Health Districts as Quality Improvement Collaboratives and Multi-Jurisdictional Entities

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Objectives

Participants will be able to:

• Describe the importance of Health Districts as Multi-Jurisdictional Entities in Georgia;

• Explain the relationship of Quality Improvement Collaborative (QIC) Assessment to Big QI (Organizational culture); and

• Recognize the potential for PBRNs to develop the evidence and science for public health quality improvement and assurance
GA Public Health PBRN

- Collaboration of Georgia Health Districts and the Jiann-Ping Hsu College of Public Health at Georgia Southern University

- Intended to address real life problems facing the public health practice community

- Contributing to the scientific evidence for issues of concerns to local and regional public health agencies

- Research has implications for state and national public health infrastructure development
GA Public Health PBRN Founding Membership

- GA Health District 3-3
- GA Health District 5-1
- GA Health District 5-2
- GA Health District 6
- GA Health District 9-1
- GA Health District 9-2
- Jiann-Ping Hsu College of Public Health
- GA Department of Public health Office of Performance Improvement
- GA Public Health Assoc. (GPHA)
- GA State Office of Rural Hlth (SORH)
Georgia’s Rural Counties

- Pink (108)
  - <35,000 People

- Green (1)
  - Legislatively designated

Revised 9/30/2011
Georgia’s PH Infrastructure

- State Health Department (1)
- District Offices (18)
- County Health Departments (159)
- Boards of Health (159)
Concepts of Centralized vs Decentralized

- Normally conceptualized as relationship of LHD to State.
- Parker et al* conceptualized centralization as continuum of relationship between LHD and state for many factors
  - hiring and firing of agency heads,
  - approval of the LHD budget,
  - adoption of public health regulations, and
  - setting and imposing fees.

Concepts of Centralized vs Decentralized

• GA Health Districts have major role in centralizing LHDs services, with District Directors having major impact

• Major Implications of GA Health Districts
  • Multi jurisdiction entities related to accreditation
  • Cross-jurisdictional sharing
  • LHD QI (Quality Improvement Collaboratives)

• Many factors rooted in laws and organization culture
GA Public Health PBRN

• How can the GA Public Health PBRN build evidence to support Health Districts and County Health Departments in an increasingly challenging fiscal and political environment?

Initial Study:

• Potential of the GA model of Health Districts to advance public health quality assurance and improvement; and

• Role of regional public health model of Quality Improvement Collaboratives (QICs) for improving quality improvement for local public health agencies
  • “Big QI vs Little QI”
GA Public Health PBRN: Initial Study

- 13 of 18 Health Districts
- 118 of the state’s counties
- Rural and Urban

Figure 1. Geographic distribution of participating health districts

Methods and Sampling

- Newly developed clinical care QIC instrument* was adapted for public health.
  - Expert Panel Review was conducted with 11 of 18 Health District Directors in GA.

- A purposeful sampling process was used to identify key informants of the practice community.

- 13 GA Health Districts (118 Counties) participated in the study
  - 269 Key Informants (DO Staff, LHD Staff and BoH Members)

Methods and Sampling

• Survey sent utilizing Survey Monkey

• Reminder email

• Follow up Phone calls (Series of 3)

• Response rate: 65%
Examples of QIC Assessment

QI Culture Items

• 1.4 The Health District provides sufficient time for public health essential services quality improvement.

• 2.21 Our Health District staff work with county health department staff to focus on improving public health essential services outcomes.

• 3.31 Our Health District staff work with county health department staff to use measurements to track progress.

• 4.46 Our Health District staff and county health department staff support one another during quality improvement working meetings.
Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by Position Type

- **CHD Staff**
  - County Only: 36.1%
  - District and County: 59.6%

- **BOH Members**
  - County Only: 30.8%
  - District and County: 64.1%

- **District Staff**
  - County Only: 13.8%
  - District and County: 56.7%
Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by Rural vs. Non-rural

- **County Only**
  - < 35,000: 33.0%
  - > 35,000: 27.4%

- **District and County**
  - < 35,000: 59.4%
  - > 35,000: 61.3%
Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by Population Size

- **County Only**
  - 1000,000 or more: 20.6%
  - 35,000-100,000: 35.7%
  - <35,000: 33.0%

- **District and County**
  - 1000,000 or more: 51.4%
  - 35,000-100,000: 74.1%
  - <35,000: 59.4%
Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by County Health Ranking

- **Rank 1-39**
  - County Only: 36.4%
  - District and County: 57.6%
- **Rank 40-78**
  - County Only: 27.3%
  - District and County: 55.9%
- **Rank 79-117**
  - County Only: 31.9%
  - District and County: 67.4%
- **Rank 118-156**
  - County Only: 25.5%
  - District and County: 57.8%
Conclusions

• Health Districts are a basic infrastructure for local public health to deliver Essential Public Health Services in Georgia.

• Districts will need to have a major role in building local health department accreditation efforts in Georgia.

• Private and public sector support for building local public health infrastructure may need to recognize potential for multi-jurisdictional entities as key elements for building local infrastructure capacity.
Conclusions

• Qualitative responses indicate that Georgia’s local public health systems have not systematically implemented Quality Improvement initiatives.

• Participatory approach of PBRNs has potential to facilitate local grass-roots agency support for QI and accreditation.
Conclusions

- PBRNs have the potential to advance the science of QI within public health, particularly related to:
  - Assessment of Organizational QI Culture (BIG QI)
  - Role of multi-jurisdictional entities in advancing QI and accreditation
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