

Navigating the Currents:

Positioning Local Health Departments for the Future

July 11-13 • Los Angeles • Hyatt Regency Century Plaza

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Health Districts as Quality Improvement Collaboratives and Multi-Jurisdictional Entities

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Disclosure

No disclosures to declare



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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



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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



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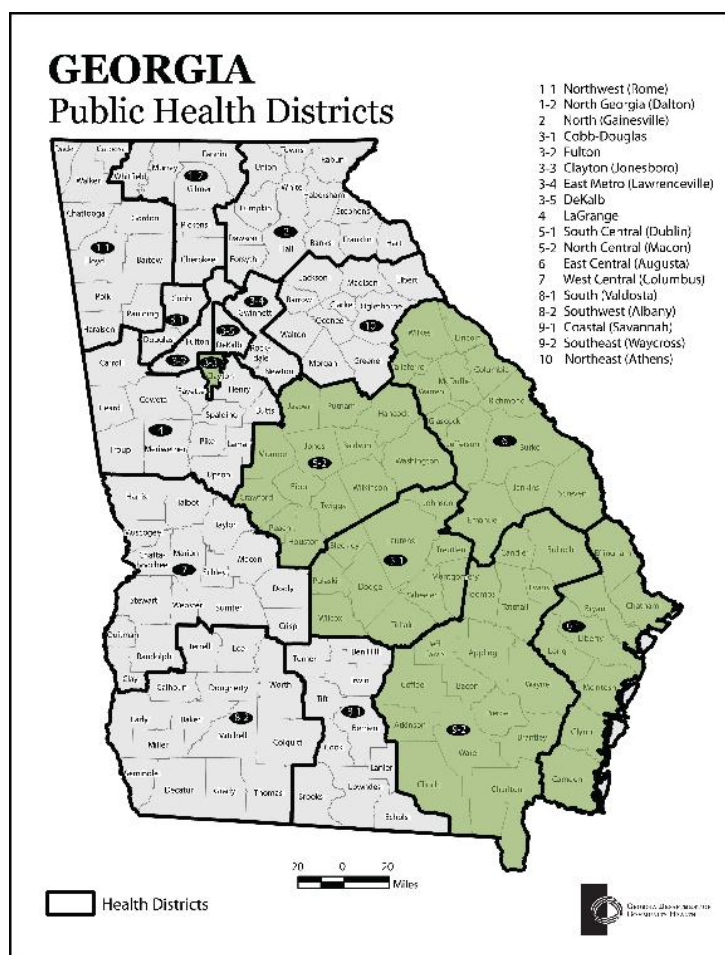
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GA Public Health PBRN Founding Membership



- 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)



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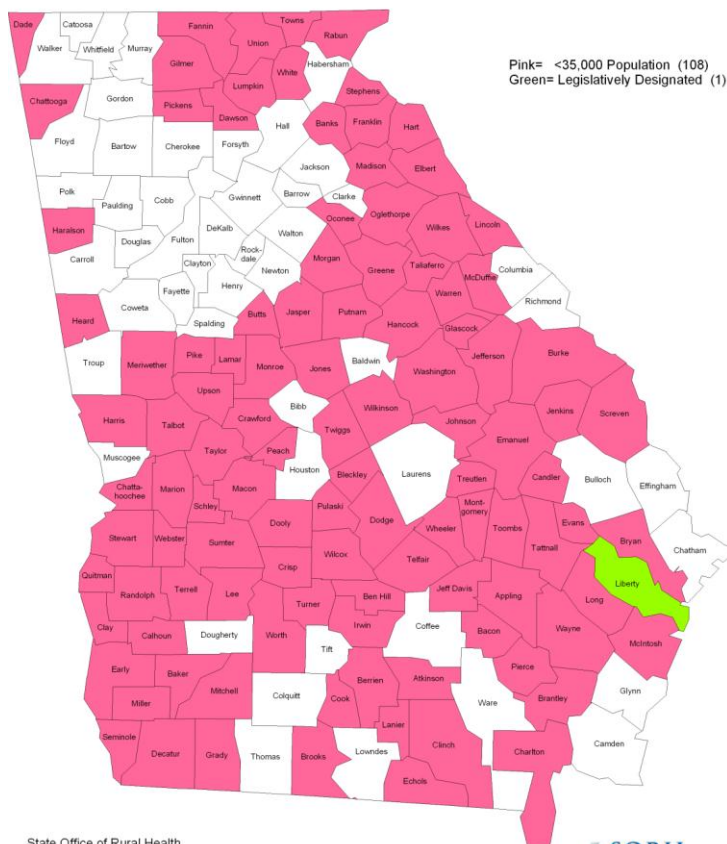
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Georgia's Rural Counties

Georgia's Rural Counties



- Pink (108)
 - <35,000 People
- Green (1)
 - Legislatively designated

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Georgia's PH Infrastructure

- State Health Department (1)
- District Offices (18)
- County Health Departments (159)
- Boards of Health (159)



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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.

*Parker et al. *J Public Health Manag Pract.* 2012 Mar-Apr;18(2):156-9



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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



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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”



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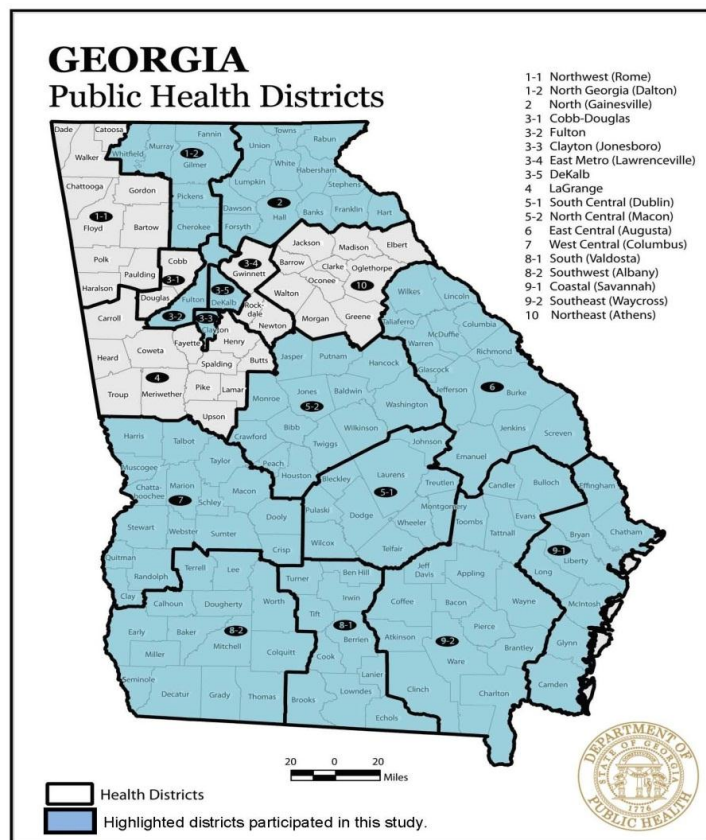
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GA Public Health PBRN: Initial Study

Figure 1. Geographic distribution of participating health districts



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



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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)

*Schouten et al.: Factors influencing success in quality-improvement collaboratives: development and psychometric testing of an instrument. *Implementation Science* 2010 5:84.



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Methods and Sampling

- Survey sent utilizing Survey Monkey
- Reminder email
- Follow up Phone calls (Series of 3)
- Response rate: 65%



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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



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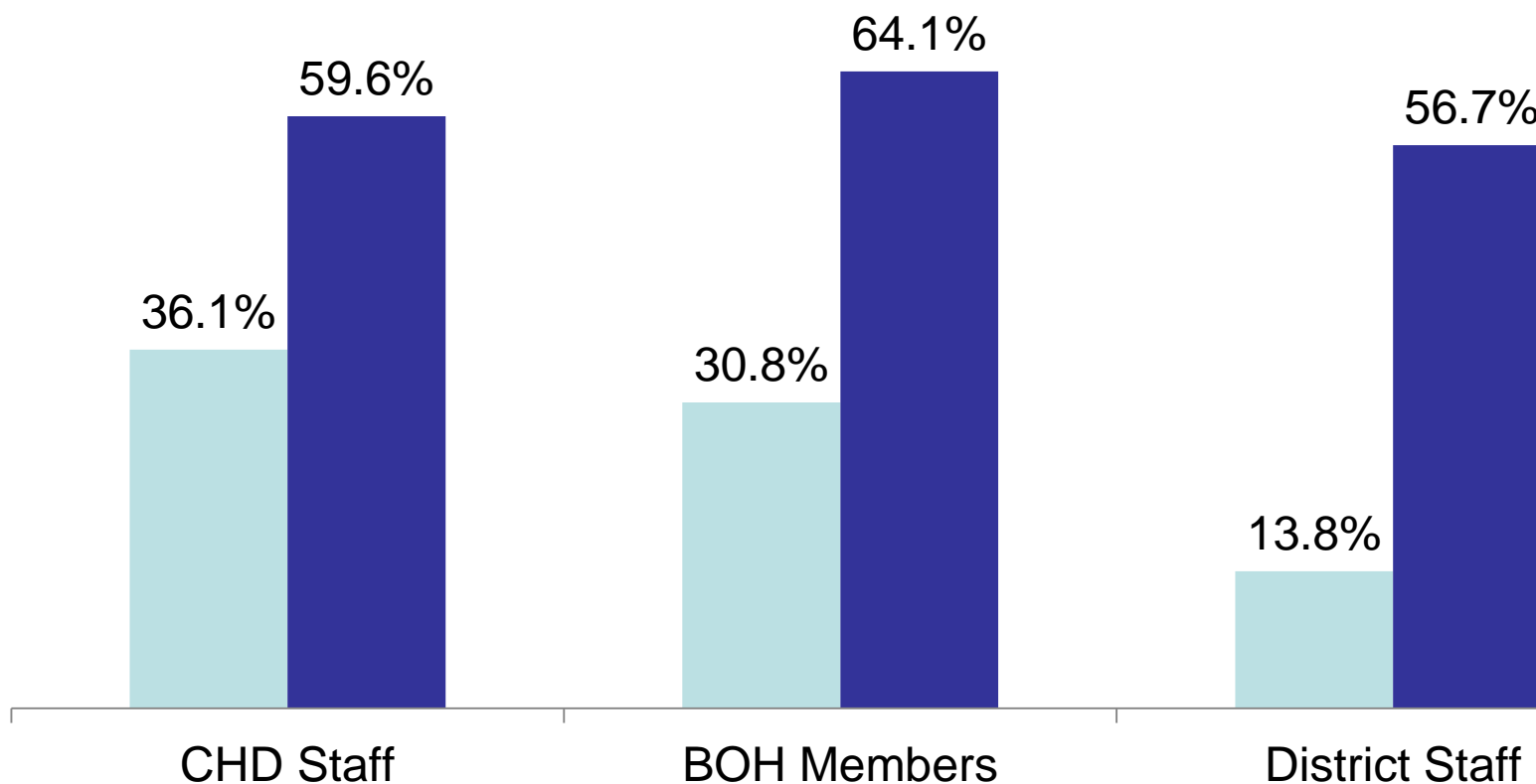
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Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by Position Type

■ County Only ■ District and County



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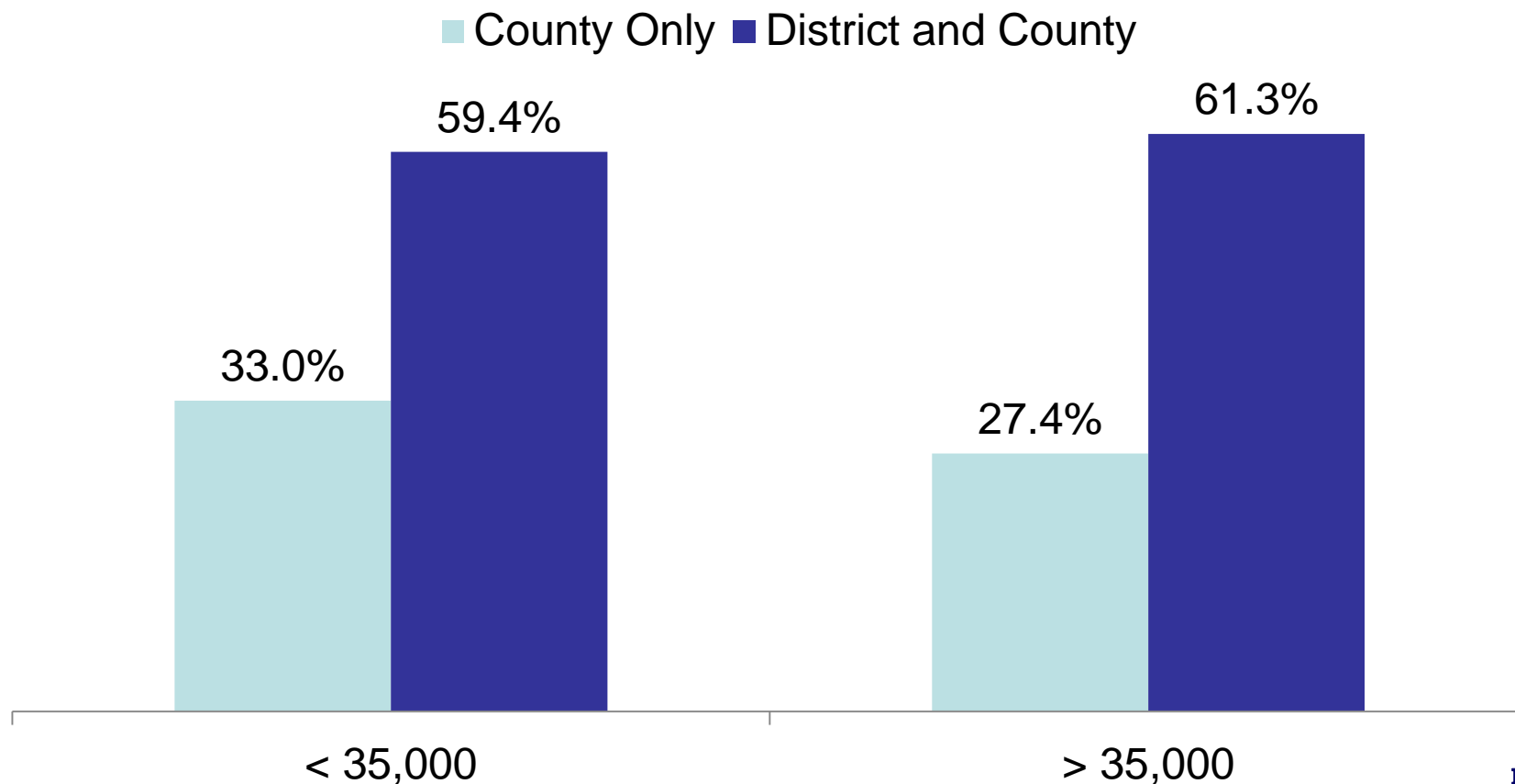
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Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by Rural vs. Non-rural



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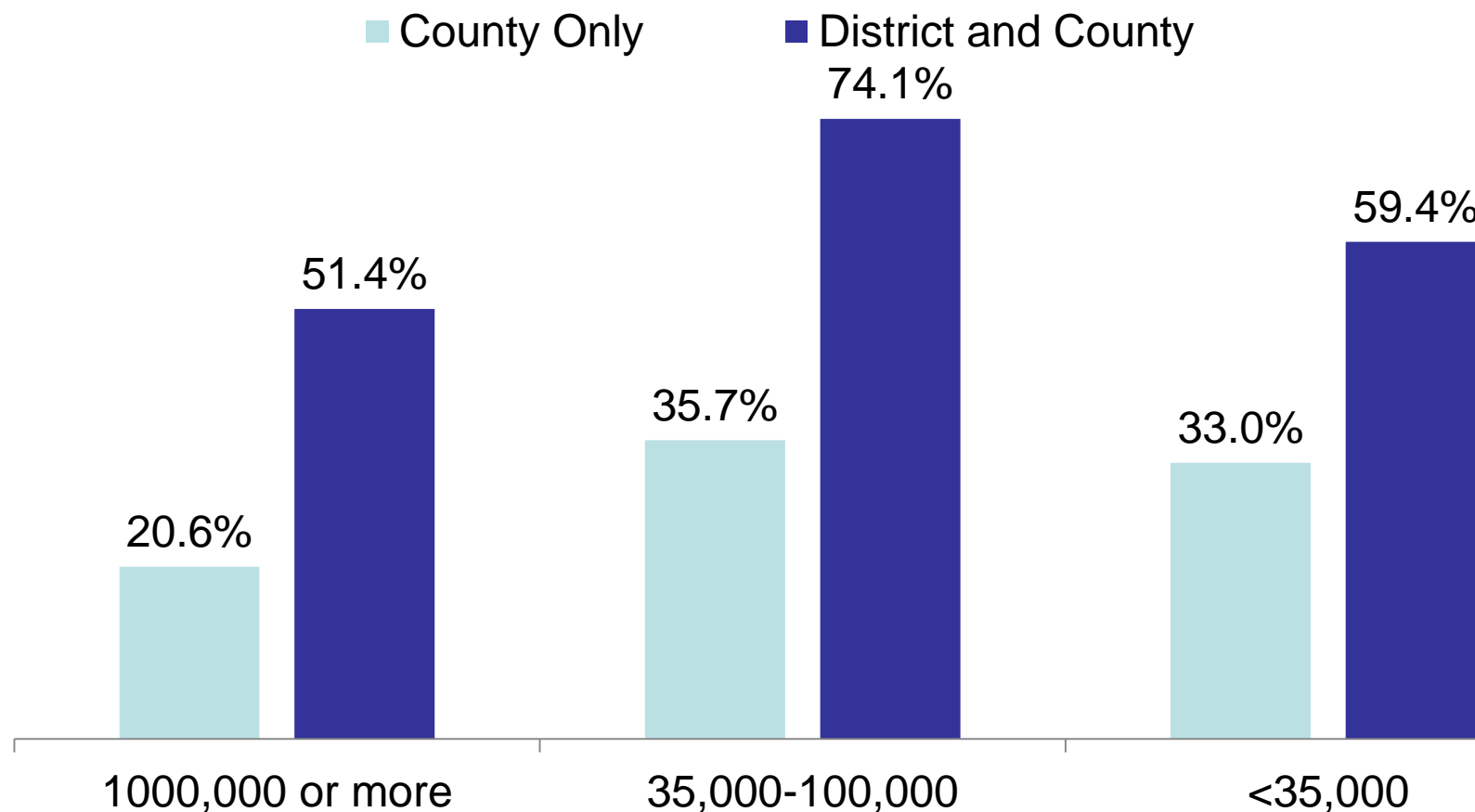
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Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by Population Size



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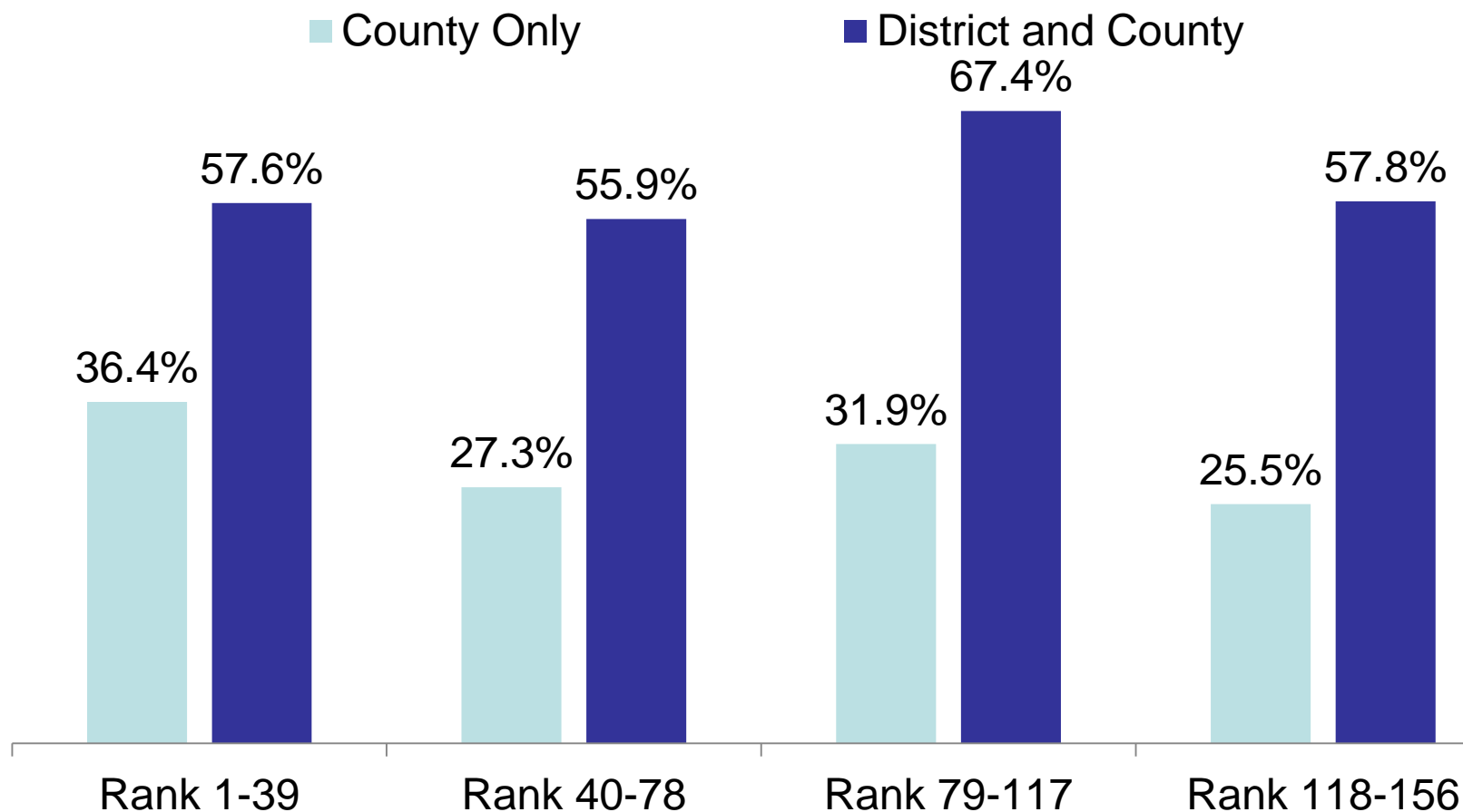
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Findings: Essential Services Capacity (Complete or Almost Complete) Comparison by County Health Ranking



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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.

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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.



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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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