A Comparison of System-Level D&I Strategies on Local Health Department Quality Improvement Maturity

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D&I of Quality Improvement

- Quality Improvement (QI): a structured approach to assess performance followed by the implementation of efforts to improve it
- Heterogeneity in how local health departments (LHDs) disseminate and implement QI
- LHDs are encouraged to do QI
- Best practices to disseminate and implement QI still unknown

System-Level D&I Movements

- A variety of approaches to disseminate and implement QI exist
- Implement system-level initiatives
 - Training
 - Technical Assistance
 - Funding
 - Learning Community Facilitation
- Leverage national funding
 - Preventive Block Grant
 - National Public Health Improvement Initiative (NPHII)
 - NACCHO Accreditation Initiative
 - Multi State Learning Collaboratives

Research Question

Do health departments in states with more systemlevel investments and initiatives for QI have higher QI maturity and less heterogeneity between populations?

Measuring Quality Improvement

- QI efforts can be measured by a validated measure of QI maturity
 - Survey previously developed to evaluate the Robert Wood Johnson Foundation Multi-State Learning Collaborative
- Domains of QI Maturity:
 - Organizational Culture: values and norms of an agency
 - Capacity and Competence: skills and approaches
 - Alignment and Spread: diffusion of QI

Data Collection

- Survey: Organizational QI Maturity Survey
- <u>Participants</u>: Local Health Departments (LHDs) in Colorado, Kansas, and Nebraska
 - Colorado: 36 LHDs (67% response rate)
 - Kansas: 100 LHDs (100% response rate)
 - Nebraska: 20 LHDs (100% response rate)
 - Total Sample Size: 156
- <u>Time Period</u>: January to March 2015

Analytical Approach

- Analyze differences (between states and population sizes) in overall QI Maturity and QI Maturity domains
 - ANOVA
 - OLS Regression
 - QI Score= $\beta_0 + \beta_1$ Population + β_2 NE+ β_3 KS+ β_4 Population*KS + β_5 Population*NE + ϵ
 - 4 Dependent Variables
 - Overall QI Maturity
 - Organizational Culture
 - Capacity and Competence
 - Alignment and Spread
- Hypothesis: LHDs in states with higher levels of system-level investments in QI will have higher QI maturity scores and less heterogeneity across different population sizes.

Results: Descriptive Statistics

	QI	Organizational	Capacity and	Alignment and
	Maturity	Culture	Competence	Spread
BY STATE				
Colorado	3.51	4.11	2.72	3.14
Nebraska	3.8	4.10	3.35	3.65
Kansas	3.73	4.19	2.99	3.43
BY POPULATION				
0-24,999	3.65	4.19	2.83	3.34
25,000-99,999	3.68	4.08	2.96	3.39
100,000-499,999	4	4.06	4.33	3.56
500,000+	3.71	4.36	3.14	3.71

Boldface indicates statistical significance from ANOVAs.

1=Lowest 2=Low 3=Medium 4=High 5=Highest

Results: OLS Regression

	QI Maturity	Organizational Culture	Capacity and Competence	Alignment and Spread
Population	0.006	0.03	0.03	0.06
NE	0.293	0.183	0.803	0.557
KS	0.169	0.099	0.164	0.319
KS*Population	0.2	0.04	0.5	0.1
NE*Population	-0.004	-0.2	-0.2	-0.01

Boldface indicates statistical significance. Population coefficients are per 10,000 people.

Limitations

- ENDOGENEITY!
 - There is a potential for the estimates to be biased due to omitted variables
 - Could there be other state-level factors that affect QI scores?
- Potential for selection bias in Colorado

Conclusions & Implications

- Significantly higher scores for QI Capacity and Competence in Nebraska
- Potentially lower heterogeneity across population sizes in Nebraska
- System-level investments and initiatives likely increase QI maturity AND reduce heterogeneity across LHDs, mostly in the Capacity and Competence domain
- Fruitful area of further research to quantify these investments/initiatives and expand the observation of impact to accreditation readiness
- System-level efforts to improve QI in LHDs could improve the dissemination and implementation of QI at the local level and reduce heterogeneity

Next Steps

- Conduct interviews with state-level partners to understand the environment for QI and AR
- Collect quantitative data on the amount of each system-level initiative dispersed to LHDs
- Collect and score accreditation readiness (AR) data
- Collect data on potential confounding variables
 - Network analysis of connections among LHDs and state-level partners

Questions?

Thank you!

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