



# Northwest Center for Public Health Practice

Promoting excellence in public health practice



SCHOOL OF PUBLIC HEALTH  
UNIVERSITY of WASHINGTON



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# National Public Health Improvement Initiative

## Year 2 Summary of Results

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# Overall Evaluation Questions

*Current Level of Expertise & Capacity*

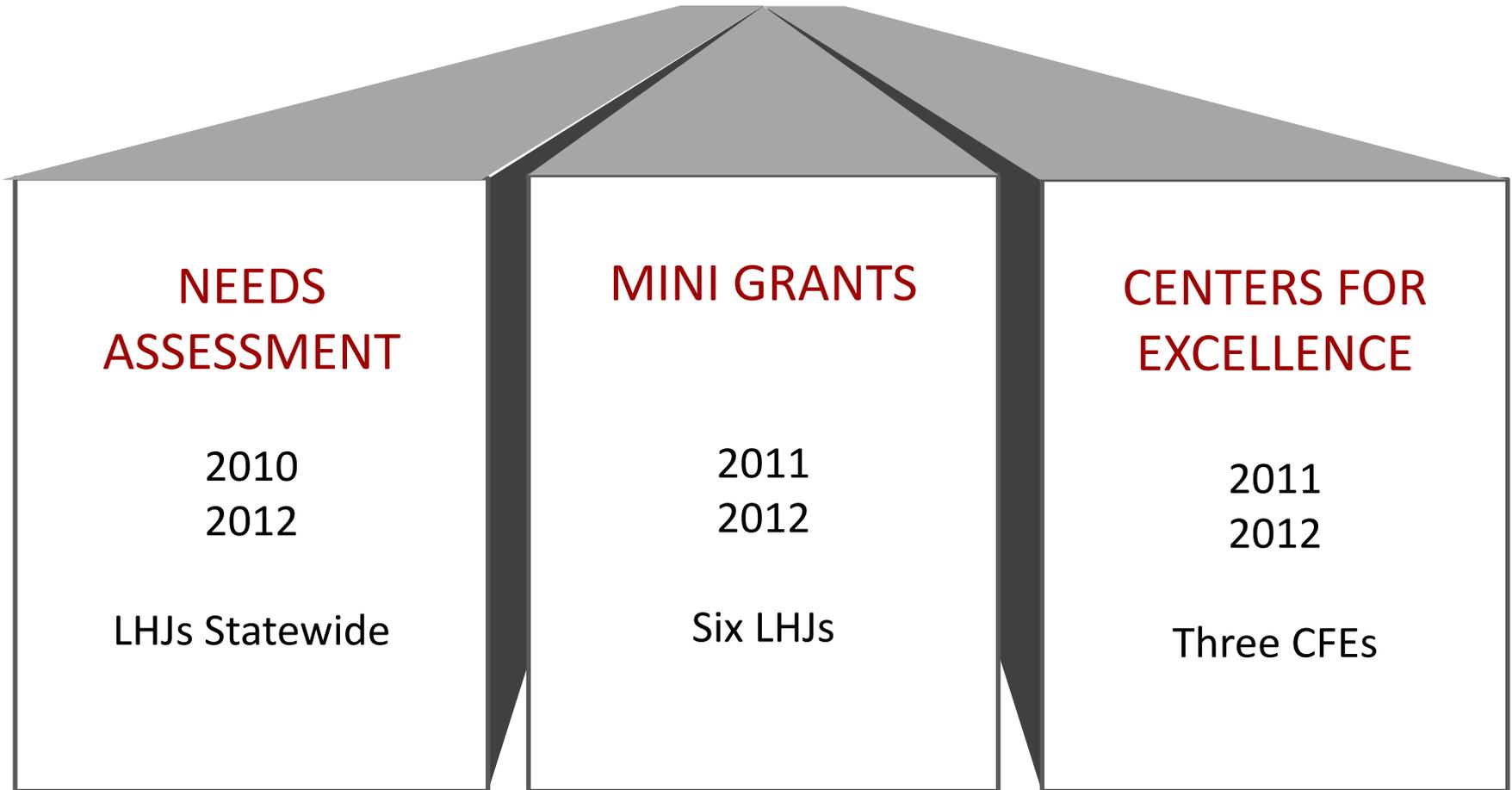
*Changes & Accomplishments*

*Challenges*

*Future Needs/Expectations*

*Recommendations*

# Evaluation Methods



# Needs Assessment

## WHO WE ASKED

All LHJs statewide

2010:

- N=203
- 63.8% response rate

2012:

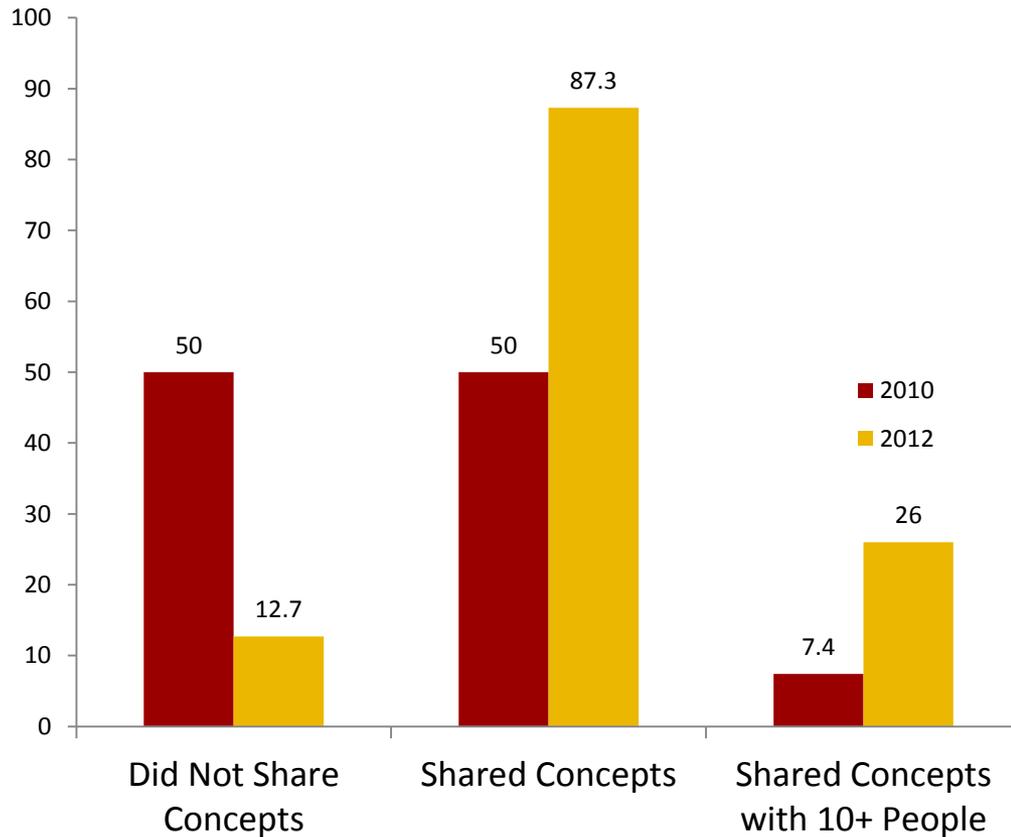
- N=208
- 58.1% response rate

## WHAT WE ASKED

- Past Training Impact
- Experience, Interest, and Commitment in QI projects
- Future Training Needs
- Status of Agency Program Planning
- Interest in Training and Technical Assistance
- Satisfaction with CFE Technical Support

# Post-Training Concept Sharing

## % Sharing Concepts with Co-Workers

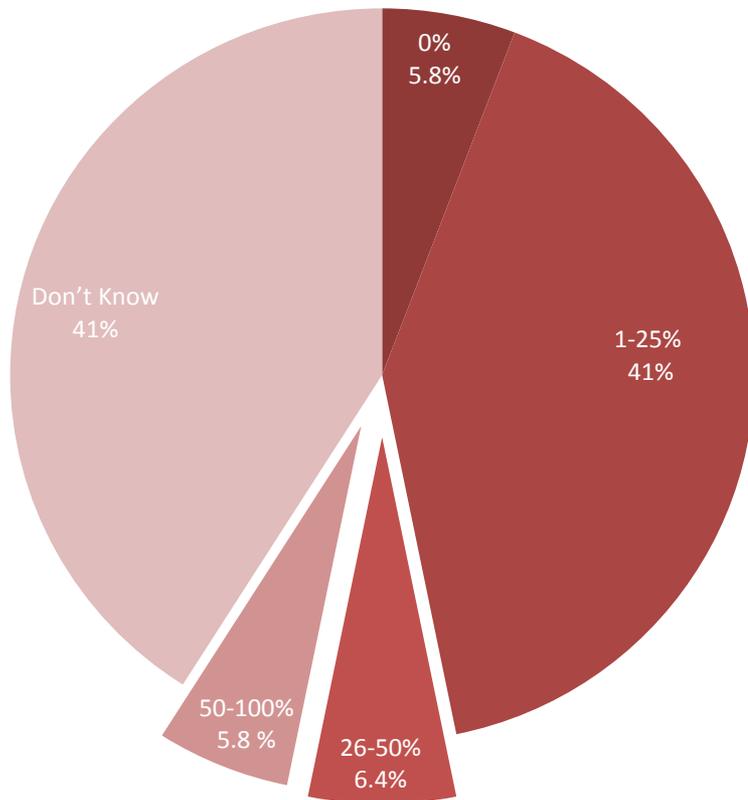


Top three ways concepts were shared:

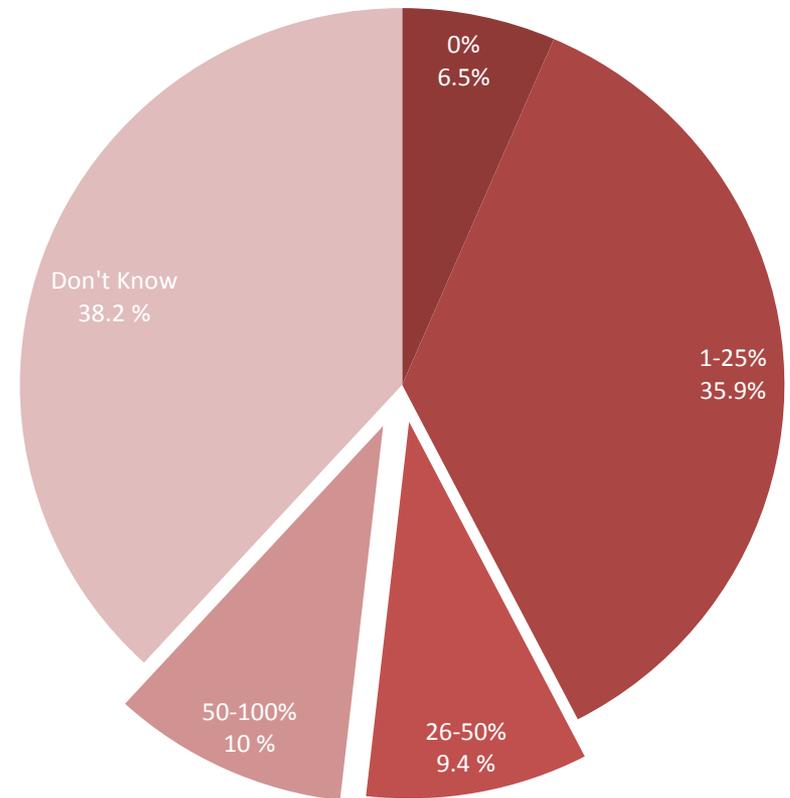
- Informal Discussion (40%)
- Internal Meeting (30%)
- Local Workgroup (16%)

# Changes in Number of Staff with Formal QI Training

**2010**

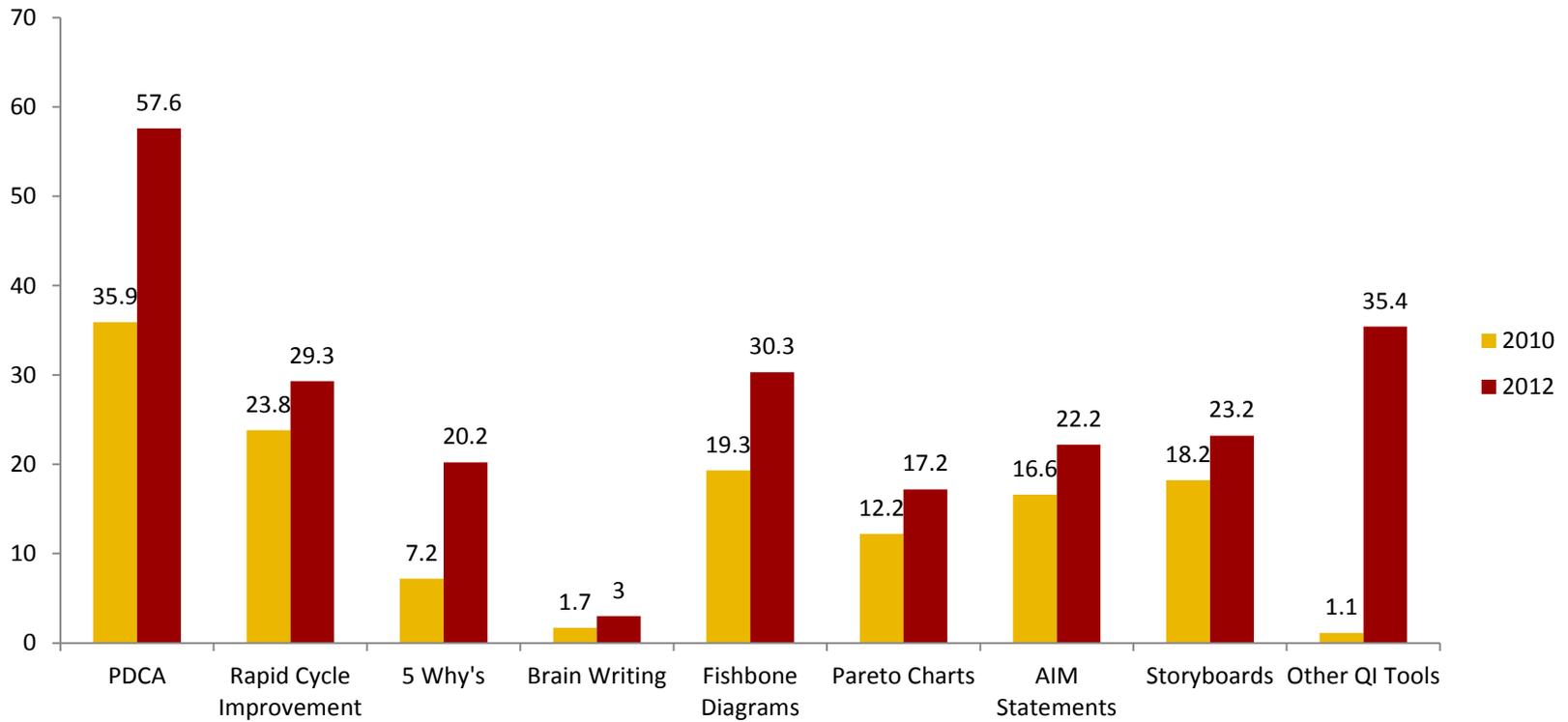


**2012**



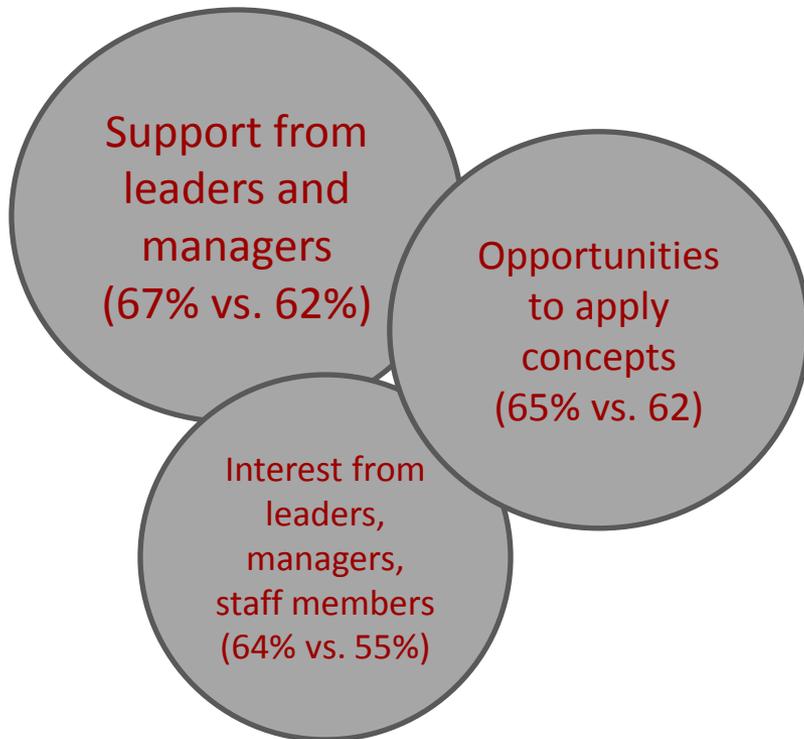
# Post-Training Use of QI Tools

## QI Tools Used (%)

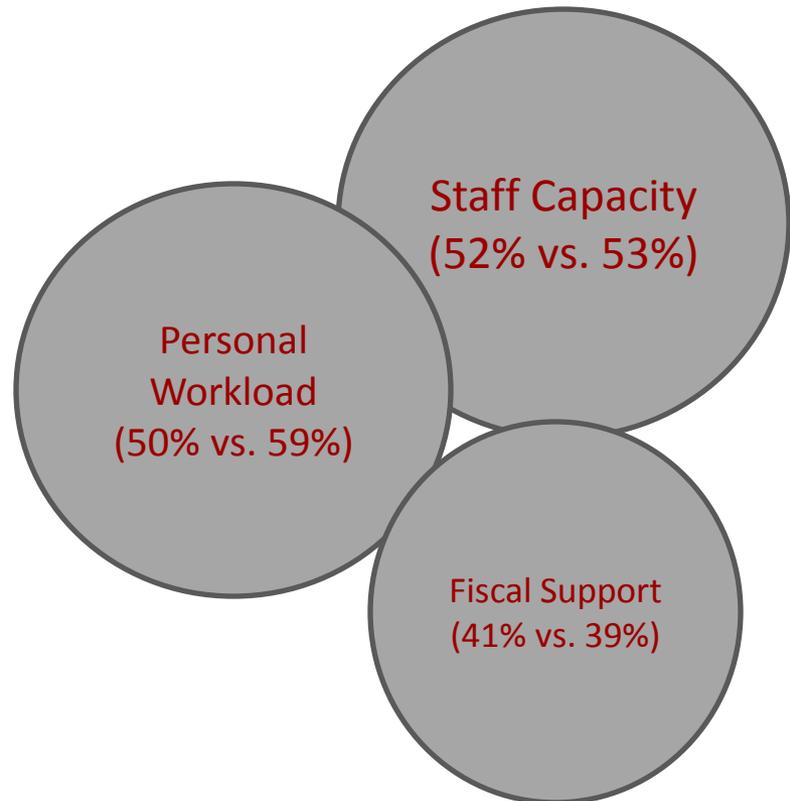


# Factors Affecting Application of QI Concepts 2010 vs. 2012

## Factors Helping

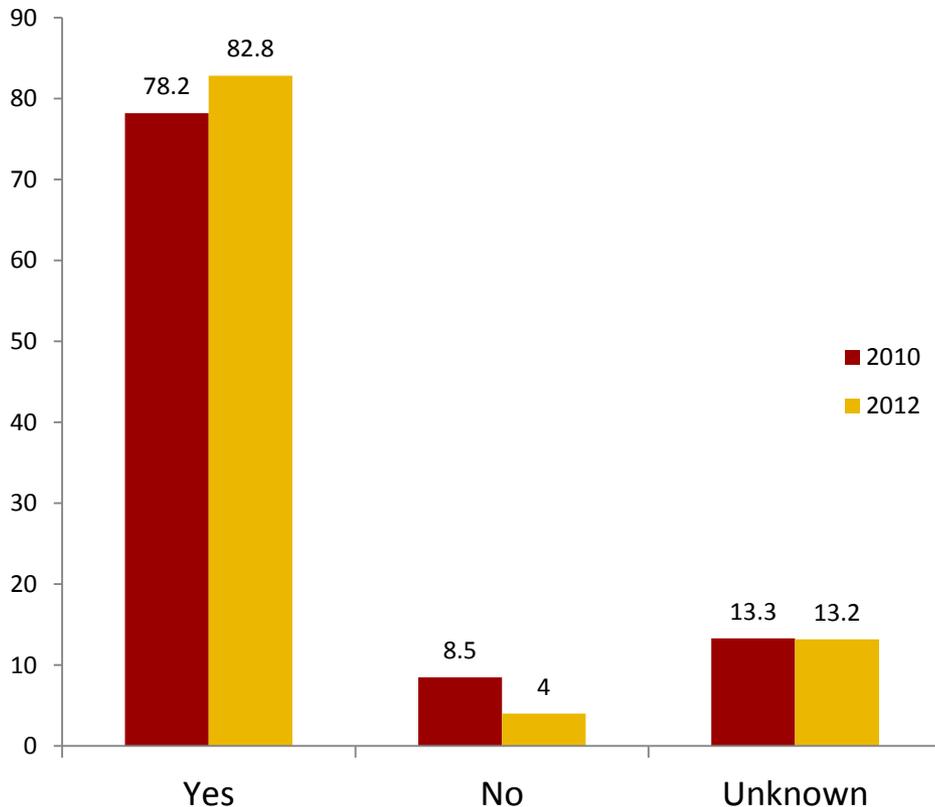


## Factors Preventing



# QI Projects Implemented Over Past 2 Years

**% Reporting Any QI Project in Past Two Years**



## Number of Projects

32% implemented 1-3 projects

17% implemented 4-10 projects

10% implemented 10 or more projects

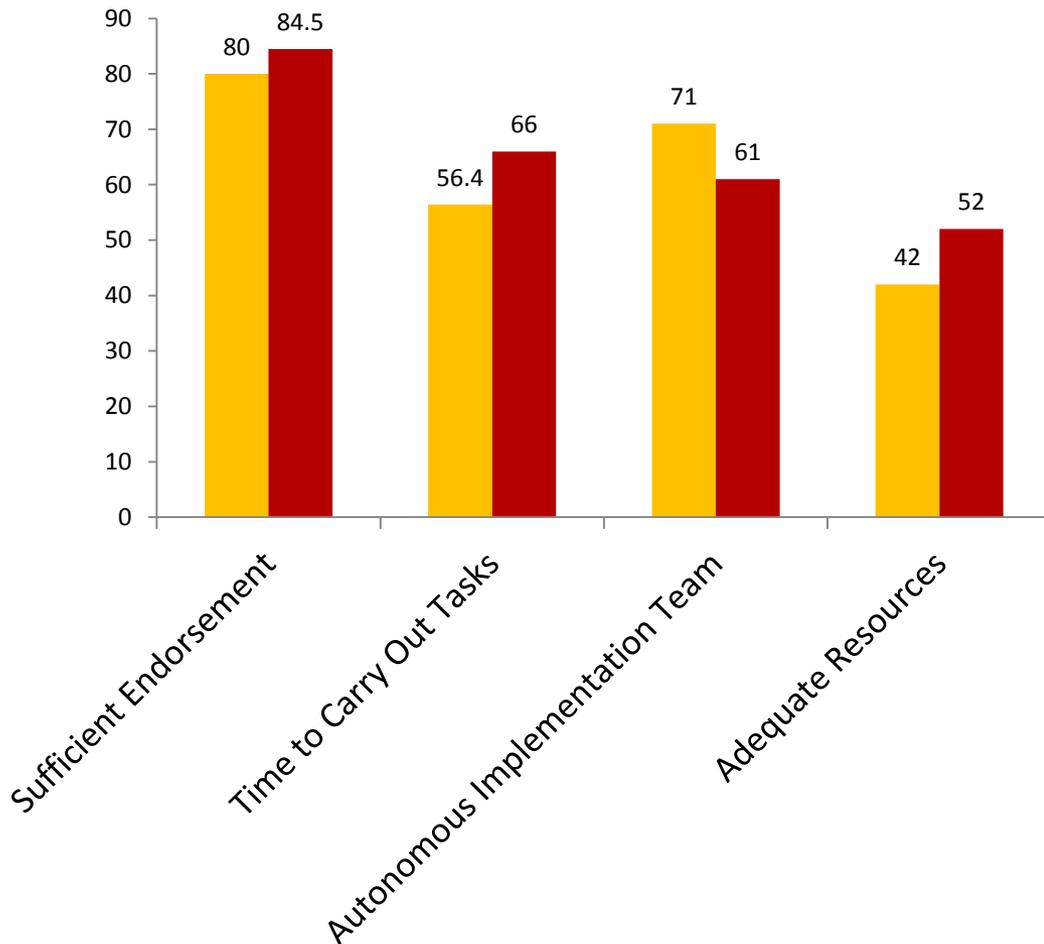
## Stage Project Reached

40% report projects reached "Measuring Results" stage

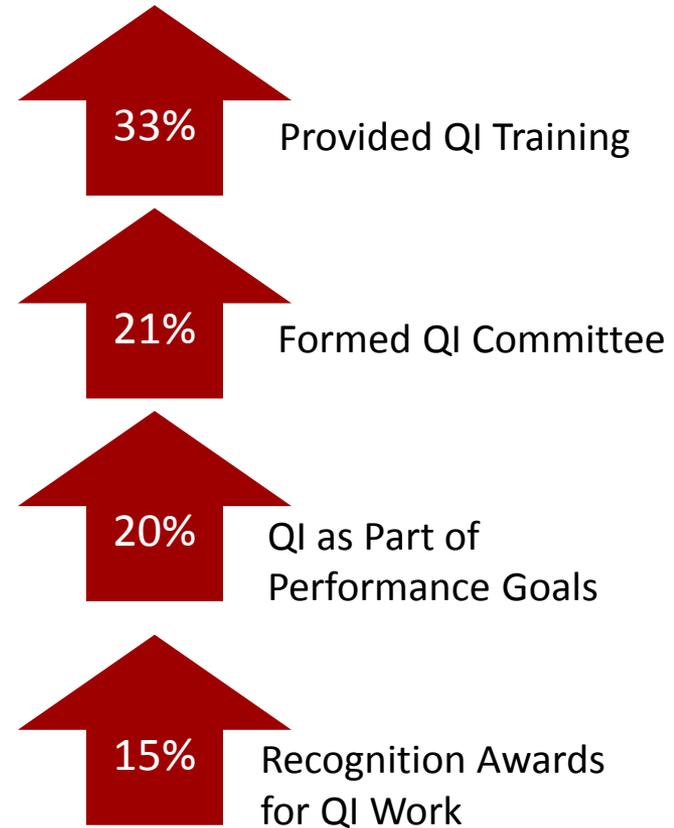
28% report project reached "Sustaining Results" stage

# Agency Support of QI Activities

## Support Provided by Agency Management (%)

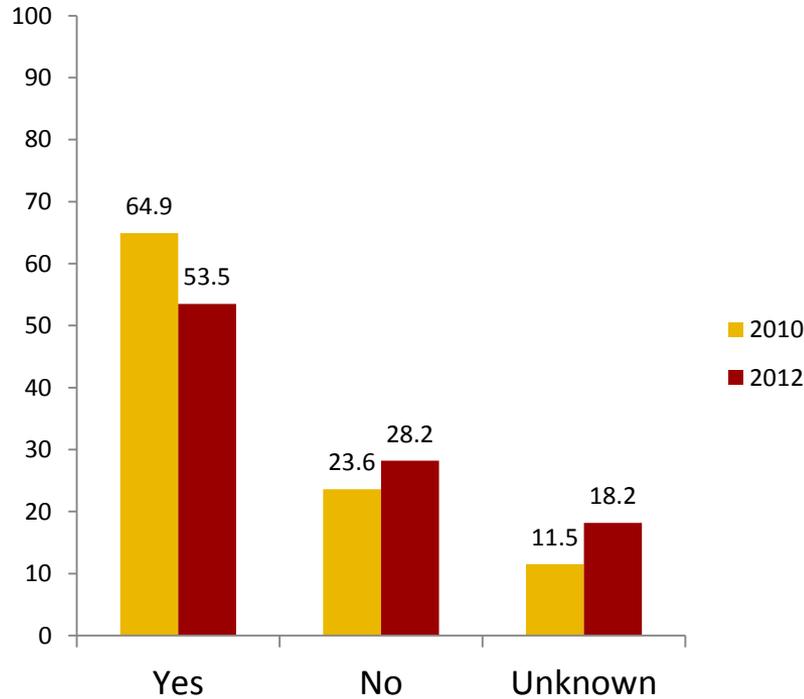


■ 2010  
■ 2012

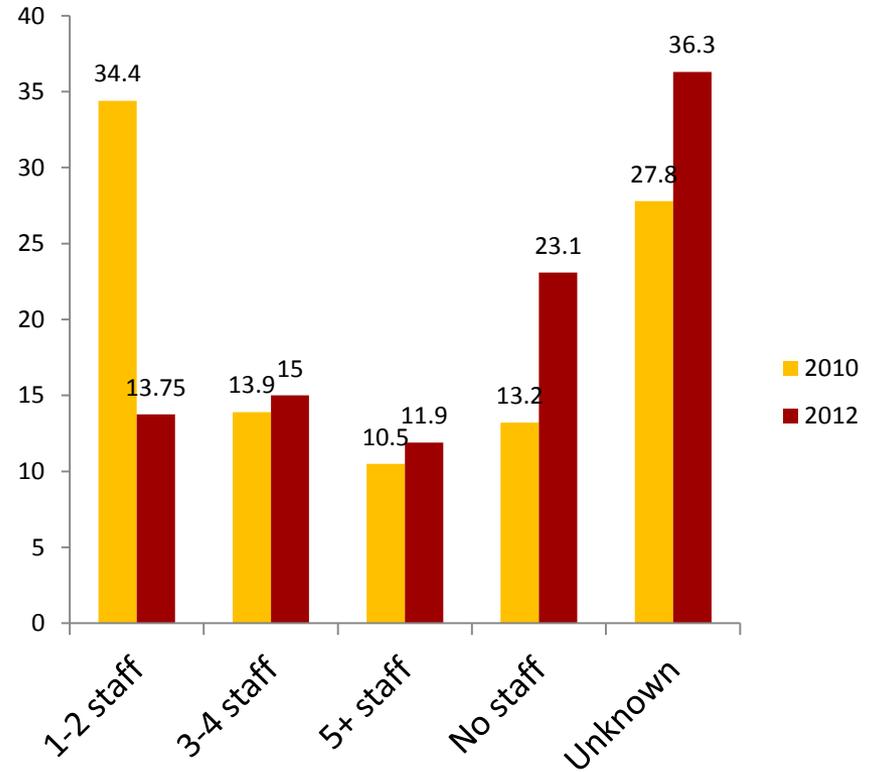


# Staff Dedicated to QI

## Agency Has Staff Dedicated to QI (%)

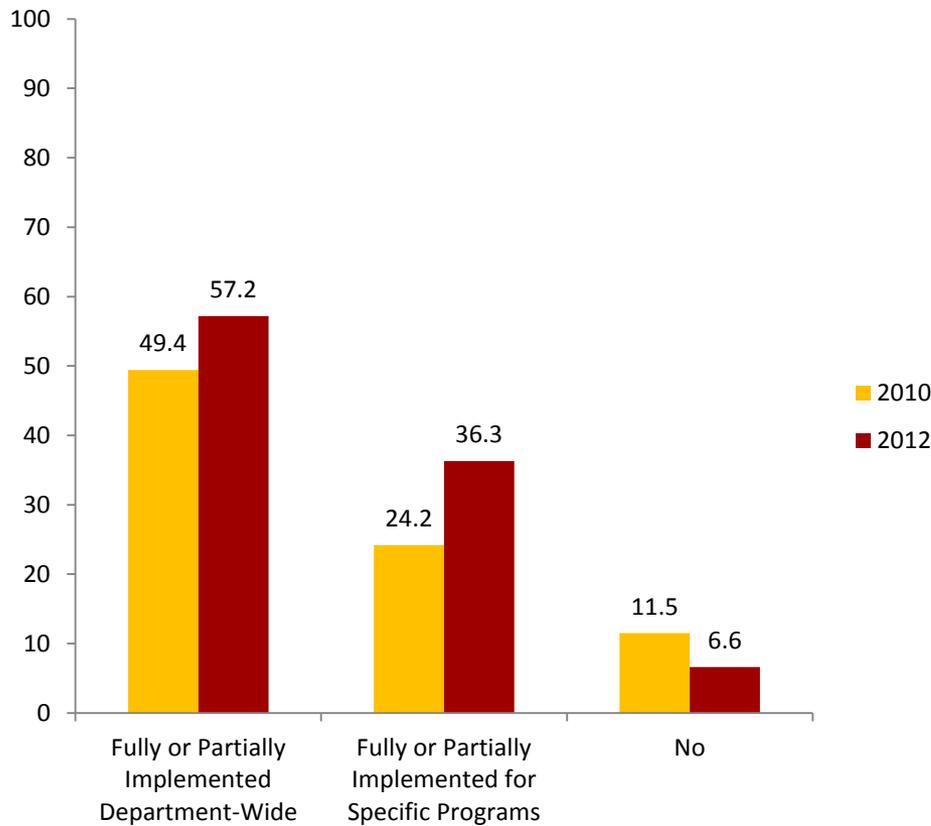


## Number of Staff Dedicated to QI (%)

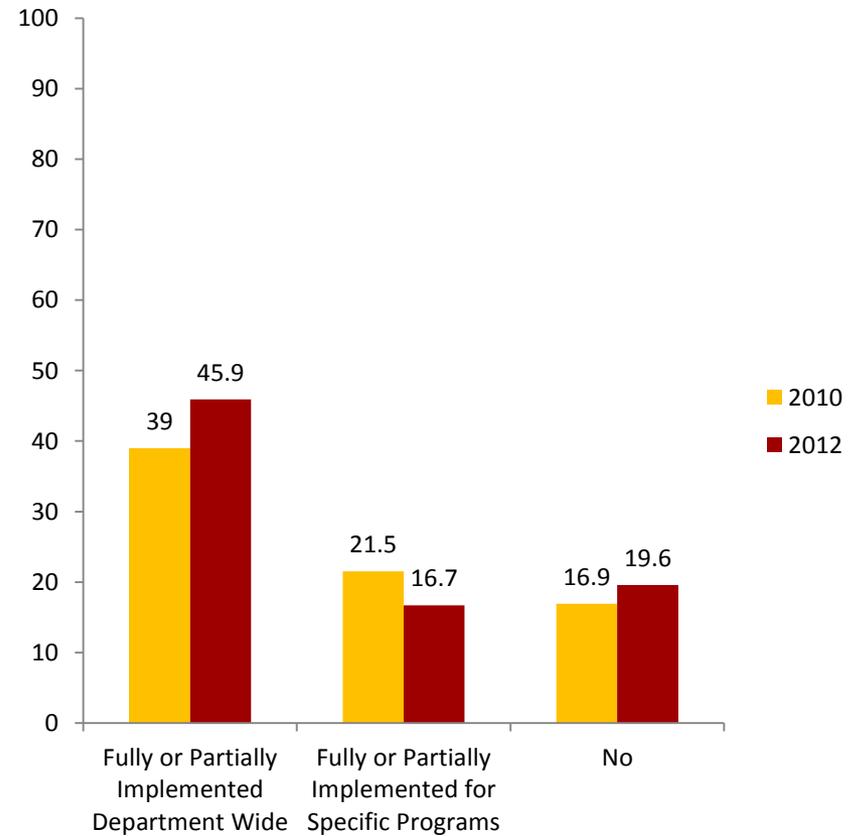


# QI Process and Performance Management Program Implementation

## Agency Has QI Process (%)

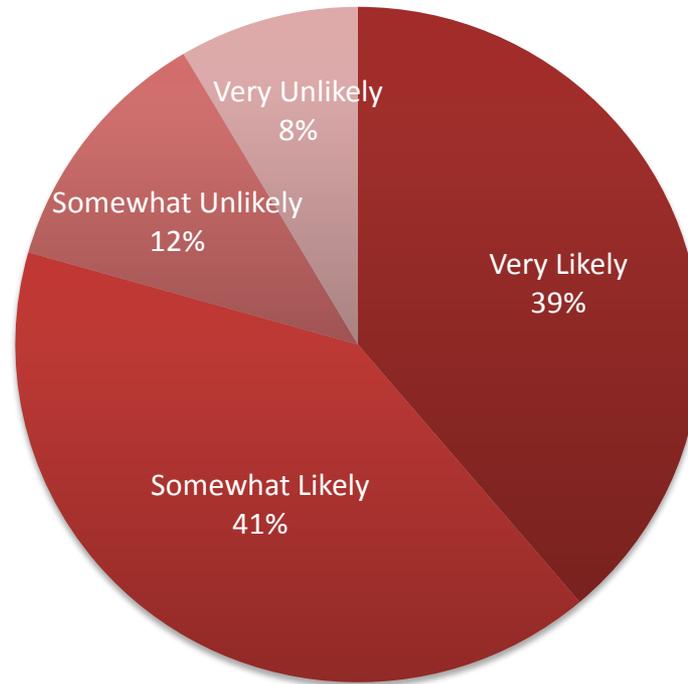


## Agency Has Complete Formal Performance Management Program (%)



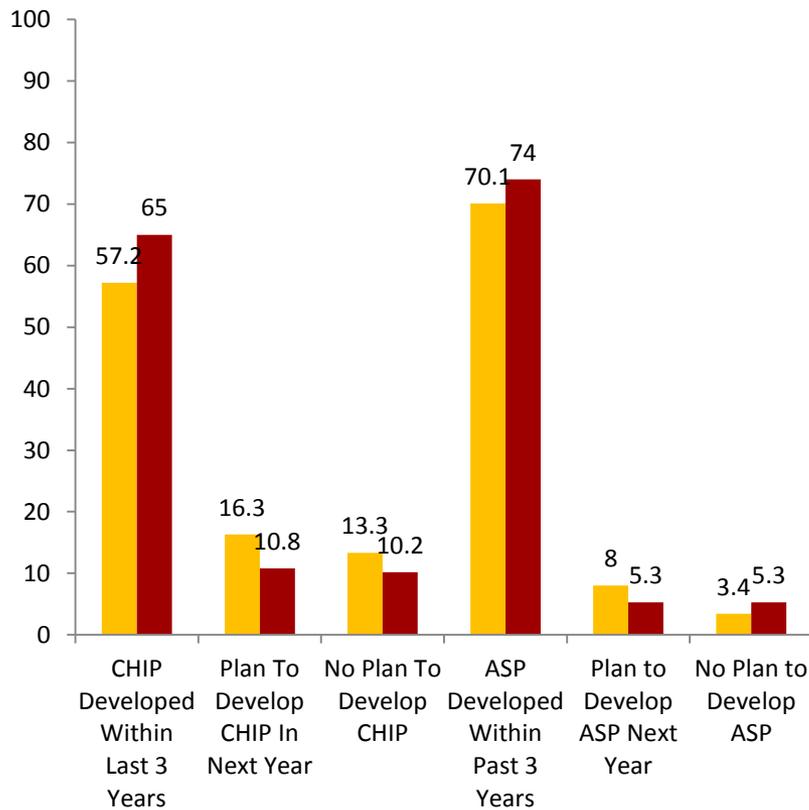
# Continuing QI in the Future

## Likelihood of Implementing QI Activities Over the Next Year

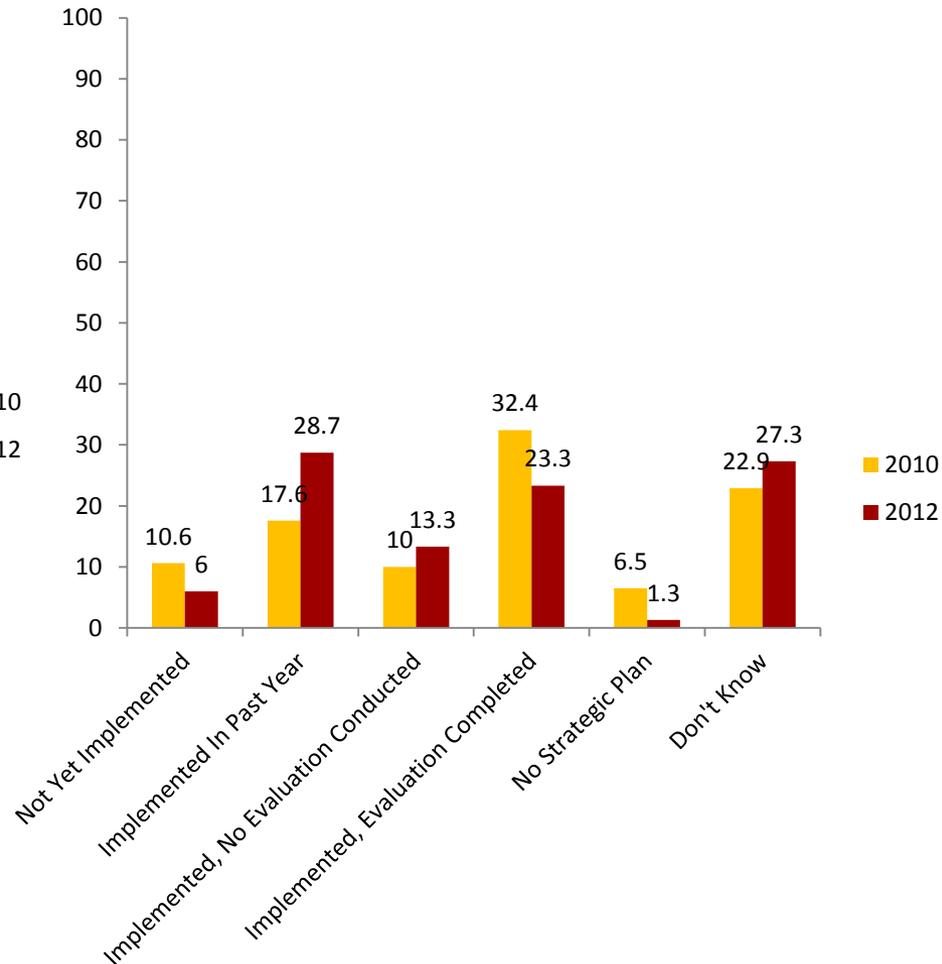


# Community Health Improvement Plan and Agency Strategic Plan Progress

**Stage of Community Health Improvement Plan (CHIP) and Agency Strategic Plan (ASP) (%)**

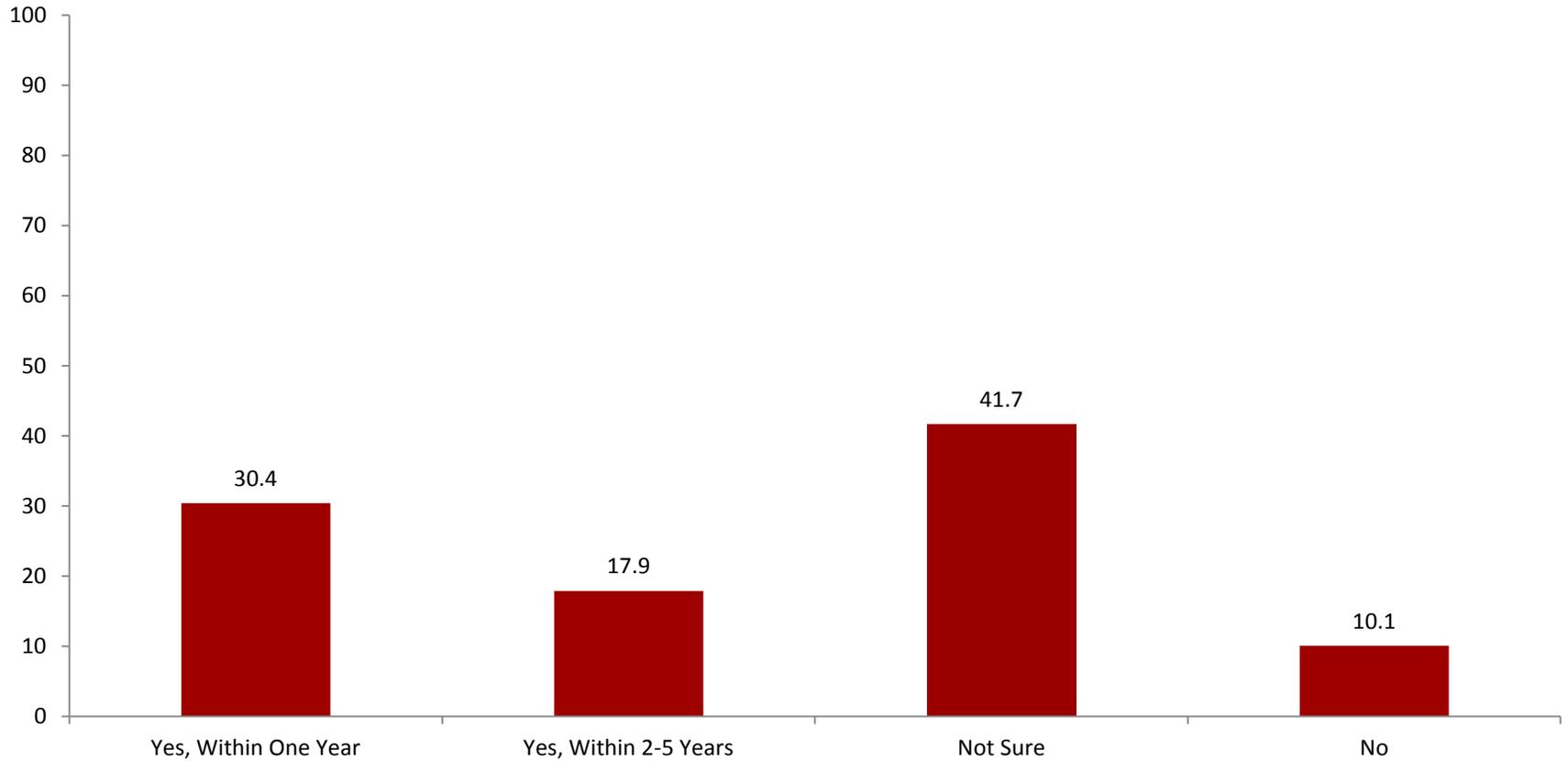


**Status Of Agency Strategic Plan (%)**

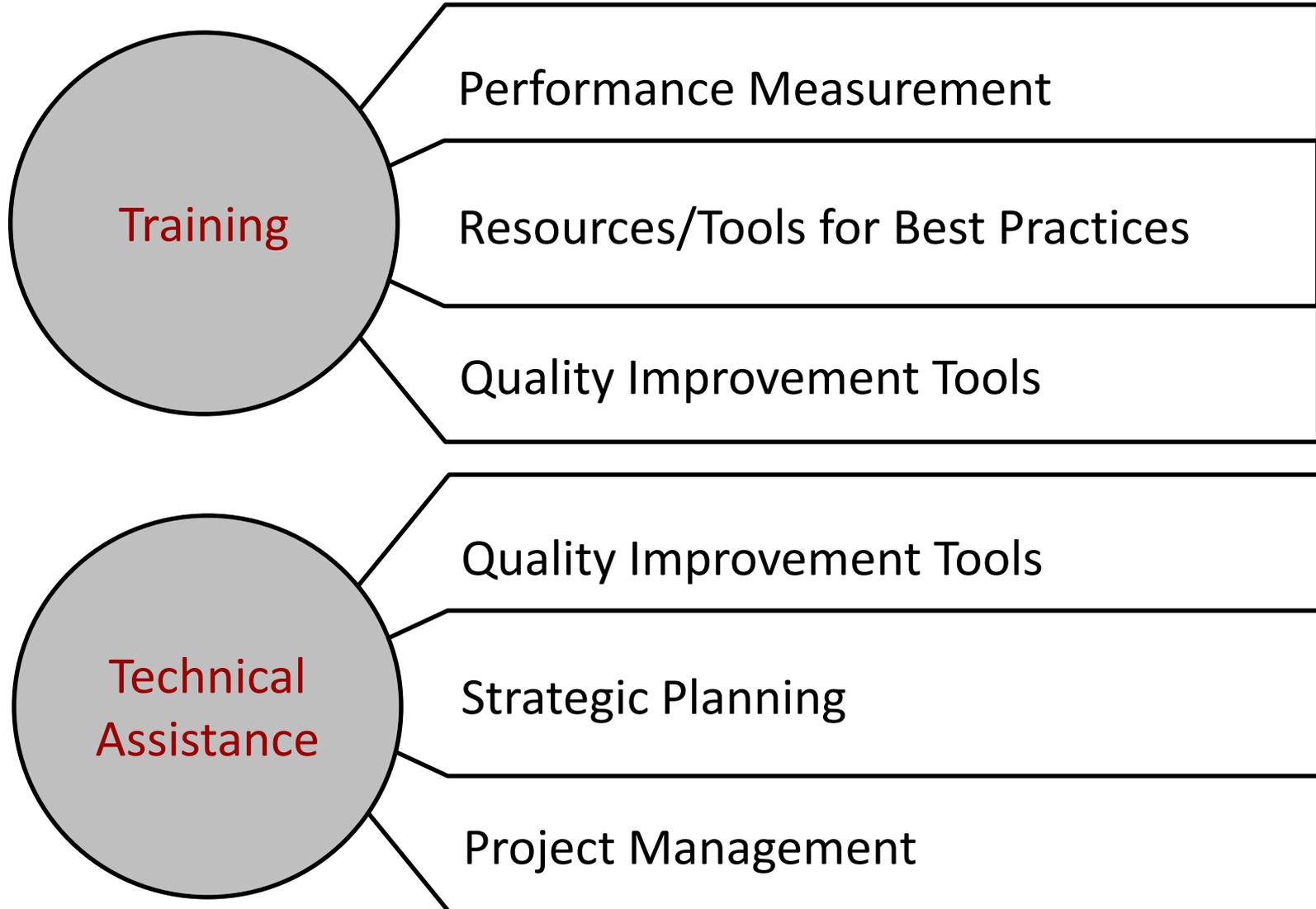


# Plans to Apply for Accreditation

**Agency Plans To Apply for Accreditation (%)**

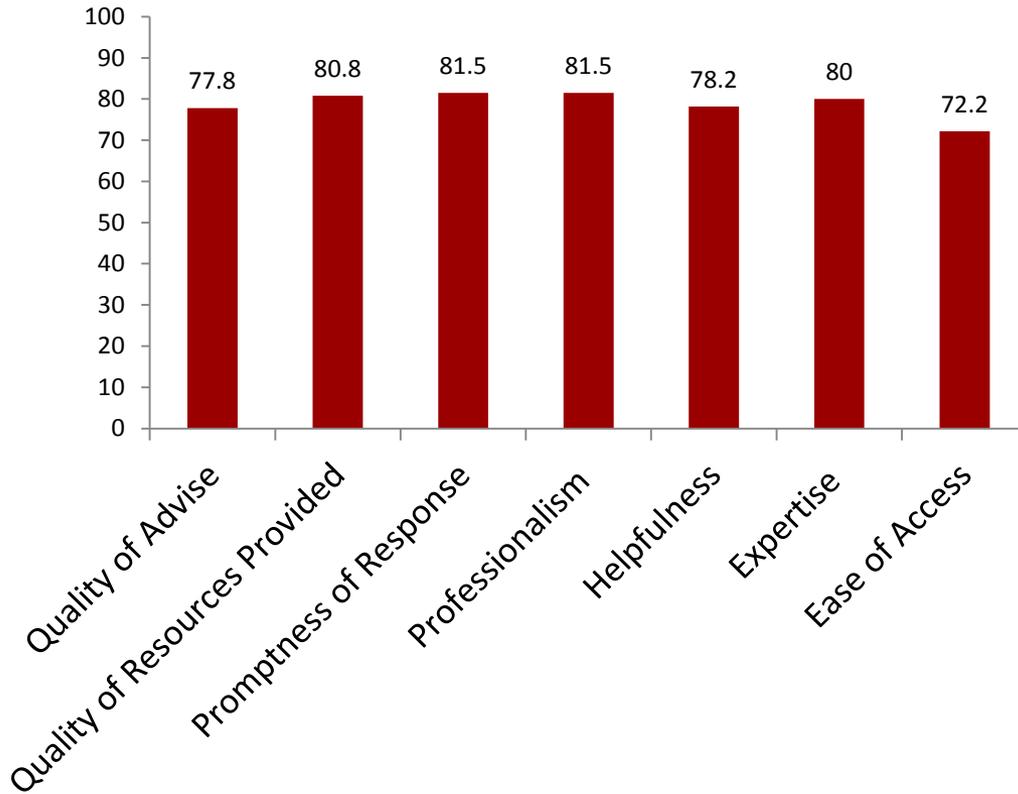


# Top Areas of Interest for Technical Assistance and Training

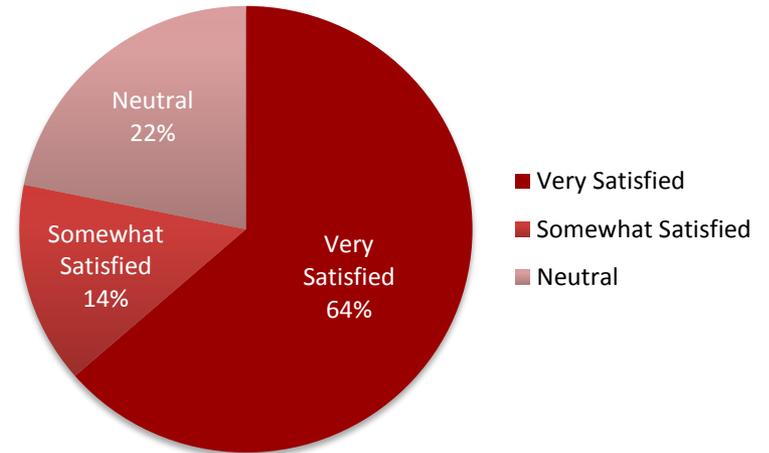


# Technical Assistance Satisfaction

## Satisfaction With Components of Consultation and Technical Assistance (%)



## Satisfaction with Technical Assistance Provided by Centers for Excellence (%)



# Challenges

- Limited Staff Capacity
- High Personal Workload
- Lack of Funding
- Staff direct participation in QI remains the same
- Many staff still report being unaware of QI activities within their LHJ

# Accomplishments

- A greater percentage of respondents report that the majority of staff have formal QI training
- More staff dedicated to QI
- Increased use of QI tools
- Increased sharing of QI concepts after training
- LHJs with agency/ leadership support have good quality support

# Mini Grants

## WHO WE ASKED

- Six County Mini Grant Recipients
  - 4 QI Trainings
  - 1 Program QI
  - 1 CHA/CHIP
- 2011 Pre N=32
- 2012 Post N=30

## WHAT WE ASKED

- Experience Conducting QI & Tools Used
- Confidence Levels Carrying out QI Strategies, Techniques, & Tools
- Leadership Support, Need for QI project, and Resources
- Progress in Public Health Standards & Accreditation
- Sustainability of QI Activities

# QI Activities

- Increase in Confidence to carry out tasks related to QI project
- Respondents Strongly Agreed/Agreed there was agency direction, support, and interest in QI project
- Respondents Strongly Agreed/Agreed there was a need for QI project
- Overall Gains:
  - Better understanding of QI
  - Experience using QI tools and conducting projects

# Training

- Teams continue to need training from CFEs
- High Satisfaction with CFE Support
- Desire Continual Feedback on Projects so they stay “on track”

# Challenges

- Lack of Time
- Lack of Staff
- Lack of Buy-In by LHJs
- Limited Resources
- Misunderstanding of QI Process by Leadership

# Accomplishments

- Grants have motivated agency to adopt QI Practices & Becoming part of culture
- Activities likely to be continued beyond grant period
- Progress was made towards meeting PH Standards
- Slight progress towards Accreditation for some

# Public Health Performance Management

## Centers for Excellence

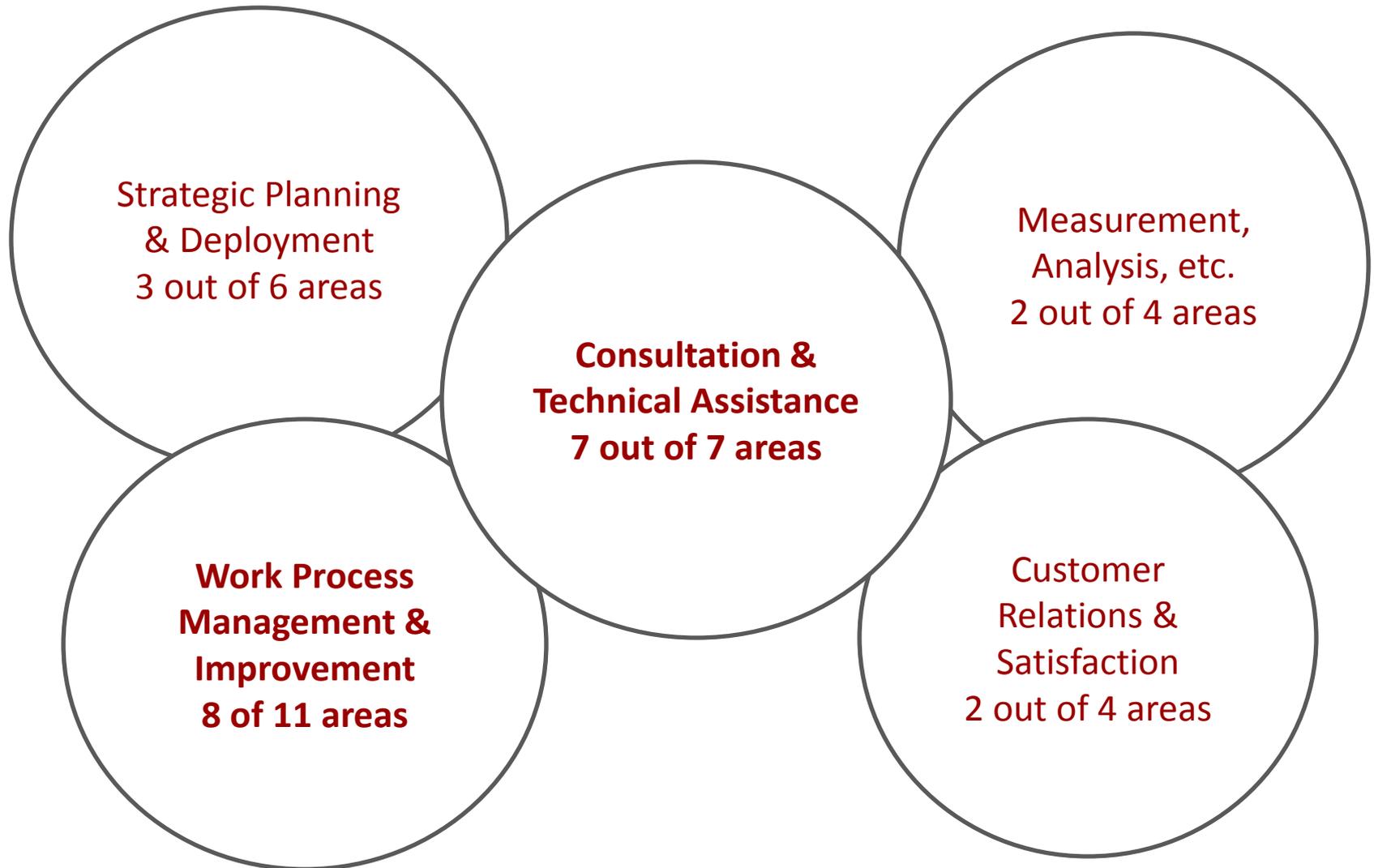
### **WHO WE ASKED**

- Post 2011 vs Post 2012
- Three Centers for Excellence
- N=12

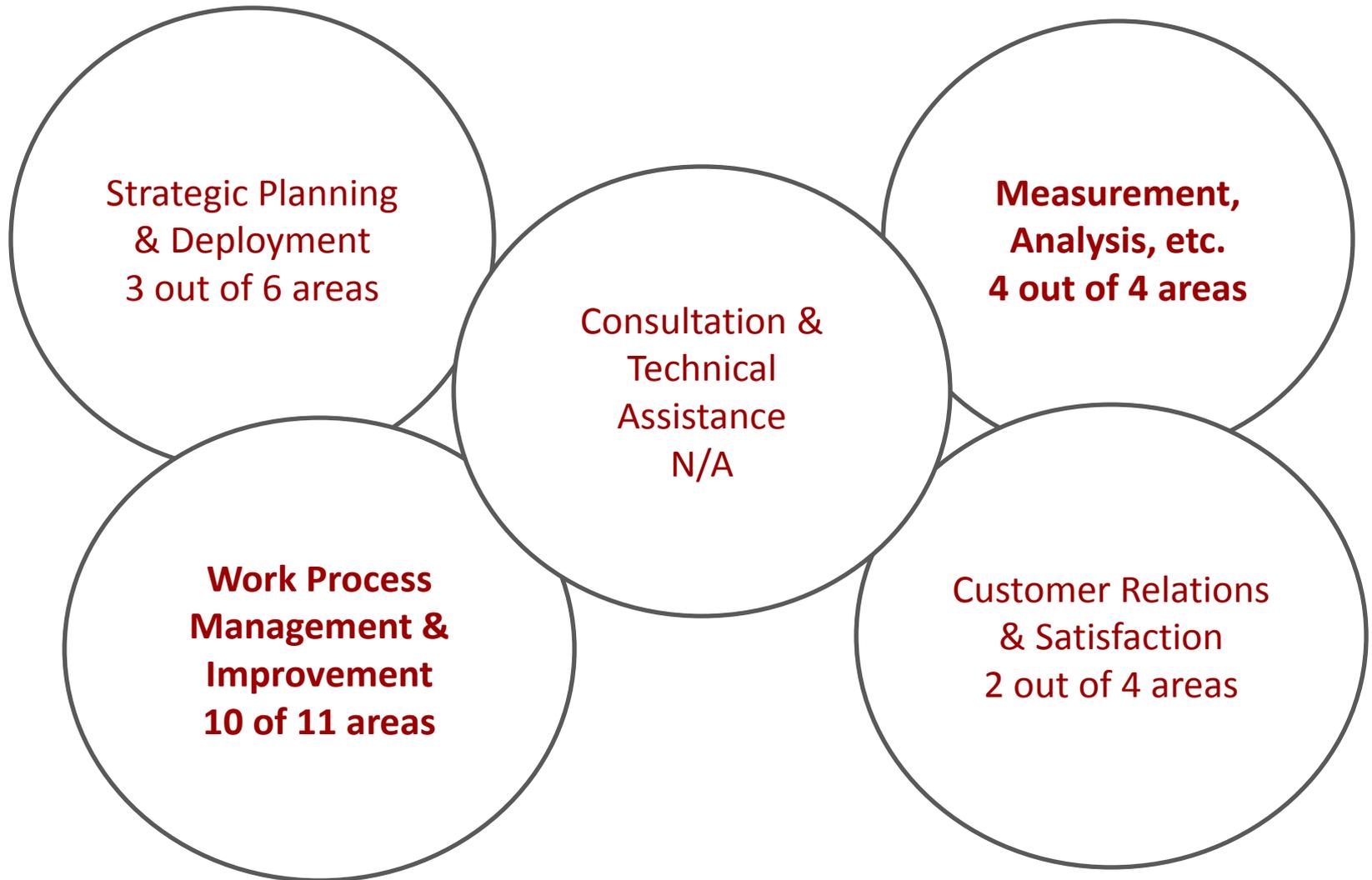
### **WHAT WE ASKED**

- Expertise
- Capacity to Deliver Training
- Capacity to Deliver Technical Support

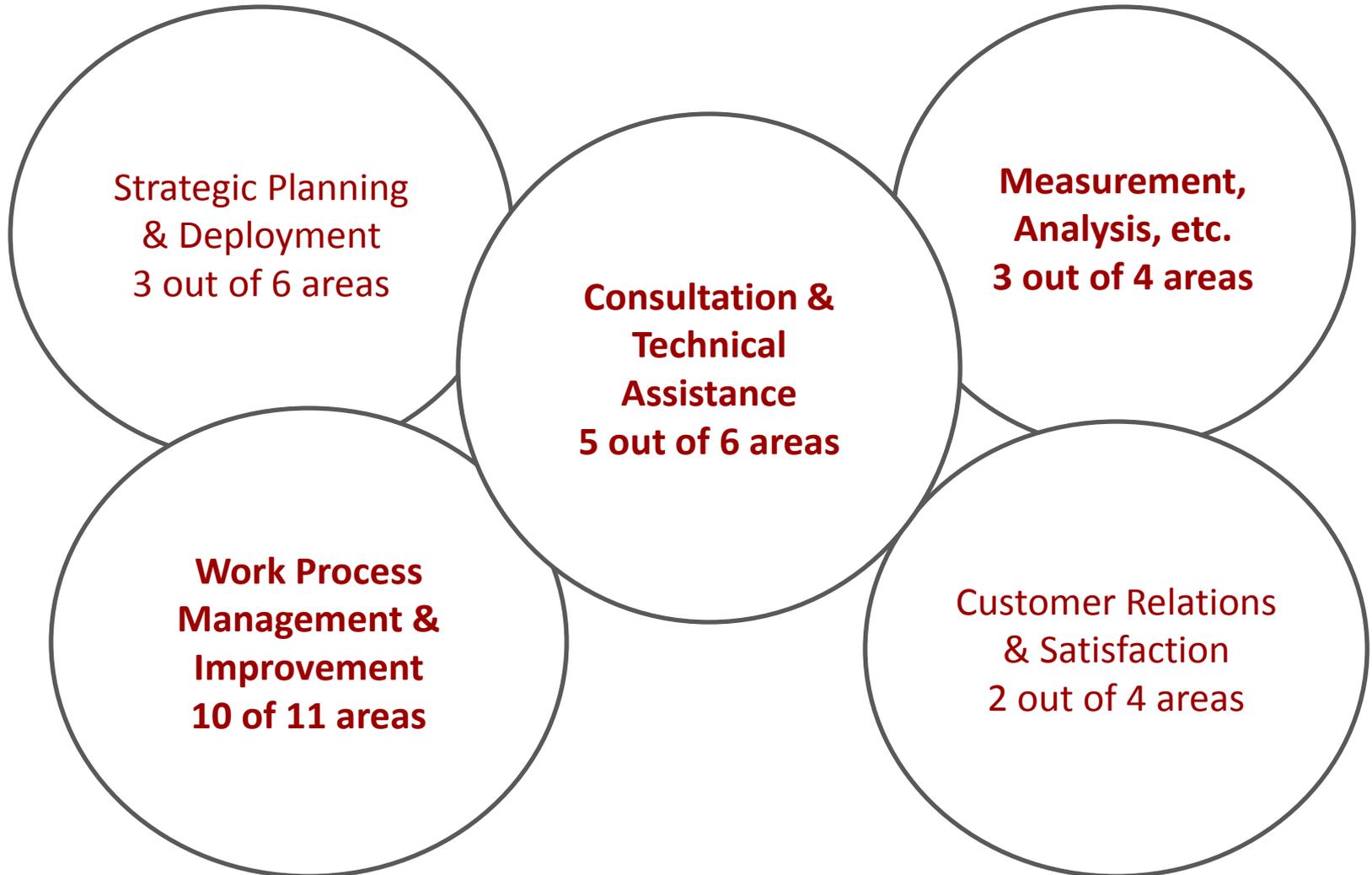
# Gains in Expertise



# Gains in Capacity to Deliver Training



# Gains in Capacity to Deliver Technical Assistance



# CFE Accomplishments During Second Year

- Majority of respondents have **Moderate** to **High** Capacity to Deliver Training in all 12 topic areas
- Built Organizational Structure
- Clarification of the Services Offered
- More Coordination among CFEs
- Developed Staff/Capacity
- Increased Understanding of LHJ Needs
- Increased Training Materials

# Areas of Assistance or Consultation Provided

- Community Health Assessments
- Quality Improvement
- Performance Management
- Logic Models, Lean Basics, Strategic Planning
- Public Health Standards and Accreditation

## Areas for Growth

- CFEs have own specific areas for growth
- Common Areas
  - Lean Six Sigma
  - Project Management
  - Preparing for WA Standards Review
- Increase Tribal Engagement

## Future Needs

- Training & Education Opportunities for Trainers
- Time vs. Workload Management



# Overall Recommendations for Year 3

- Explore strategies to reduce barriers to QI implementation at LHJs
- Further explanation is need to determine why large amount of LHJ respondents report not directly participating in QI efforts
- Explore ways to maintain and increase staff confidence in QI activities
- Training and technical assistance requests vary widely by LHJ, therefore assistance should be individualized
- LHJs would like individualized feedback from CFEs to help them stay “on track” with QI projects.
- Explore additional ways to increase LHJs capacity to sustain QI projects long-term
- Explore opportunities to raise awareness on accreditation
- Increase tribal engagement



# Questions

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