



Executive Summary

Public Health Practice: Evaluating the Impact of Quality Improvement

Quality improvement (QI) is an effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in an organization. *Public Health Practice: Evaluating the Impact of Quality Improvement*¹ funded 13 health departments across the country to implement QI projects and work with evaluators to assess the results and gather lessons learned. The program's goal was to build the evidence of what works and what does not in public health QI.

The School of Public Health at the University of Minnesota served as the national program office. William Riley, PhD, then the school's associate dean, served as the director.²

[Read the full report.](#)

CONTEXT

Many health departments were looking at QI as a way to improve their performance in preparation for national public health accreditation, which seeks to advance quality and performance within local, state, tribal, and territorial health departments by establishing consistent standards and measuring performance against those standards.

The Robert Wood Johnson Foundation (RWJF) launched a national initiative to spur voluntary accreditation of public health agencies in 2007; as part of this initiative, RWJF sought to increase the effective use of QI in public health. In addition to the *Public Health Practice* program, the initiative supported the establishment of a Public Health

¹ Originally the program was called *Building the Evidence Base for Public Health Accreditation and Quality Improvement*.

² Riley is now a professor at the University of Arizona and director of its School for the Science of Health Care Delivery.

Accreditation Board (in conjunction with the federal Centers for Disease Control and Prevention (CDC)); provided funds to help health departments get ready for the accreditation process; and educated public health leaders, governing bodies and policy-makers about its value.

THE PROGRAM

During *Public Health Practice: Evaluating the Impact of Quality Improvement*, 13 health departments across the country implemented QI projects and worked with evaluators they chose to assess the results and gather lessons learned. The program's goal was to build the evidence of what works and what does not in public health QI.

This represented a significant shift from the concept of the original program, which had been designed to fund research on accreditation by public health institutes, academic institutions, and others.

Most health departments chose to focus on QI projects related to specific public health needs, such as immunizations, food safety, or family planning. Two health departments worked on department-wide QI. The evaluations focused on the process and outcomes of their QI projects. The evaluators had wide latitude in choosing the areas for evaluation and the evaluation methods. Together, the sites used 56 metrics to evaluate their projects (such as increases in immunization rates for children or number of restaurants with critical violations).

KEY RESULTS

- **The national program office was unable to meet its major goal of using the evaluations to develop a Web-based compendium of best practices.** The inconsistent quality of the evaluations, and the different evaluation approaches, methods, data collection strategies, and statistical analyses used, resulted in major problems synthesizing and disseminating evidence of what works and what does not in public health QI.
- **Thirteen public health departments completed 32 QI projects.** The QI projects resulted in significant improvements in the public health departments, according to national program director Riley. For example, 17 projects measured an improvement of more than 25 percent and almost 38 measured an incremental improvement of less than 25 percent.

The majority of the metrics that improved were process metrics while the majority of those that did not change or worsened were outcome metrics.

- ***Public Health Practice* conveyed the message that QI is important in public health and helped set the tone for its wider implementation, according to Debra**

Joy Pérez, MA, MPA, PhD. Pérez was an assistant vice president for research and evaluation at RWJF until August 2013.³

- **An evaluation consultant, Mary V. Davis, DrPH, MSPH, documented lessons learned about evaluating QI initiatives in public health departments. According to her unpublished report:**
 - Four aspects of the QI projects worked well: staff and teams; tools, technical assistance and training; organizational supports; and collaboration and evaluation.
 - There were barriers to effective use of QI in seven areas: staffing, organizational culture, resources, data systems, role confusion, project scope, and sustainability.

LOOKING FORWARD

In 2011, RWJF launched *Strengthening the Community of Practice for Public Health Improvement*, a \$1.75 million program led by the National Network of Public Health Institutes to build capacity among the nation's public health departments to meet national standards for accreditation and conduct quality improvement. The goal is to generate the momentum needed to ensure that 60 percent of the nation's population will be covered by an accredited health department by 2015.

Program Management

National Program Office: School of Public Health, University of Minnesota

Program Director: William Riley

³ She became the vice president for knowledge support at the Annie E. Casey Foundation in September 2013.