Strengthening the Community of Practice
Accreditation and quality improvement in public health

INTRODUCTION
Strengthening the Community of Practice for Public Health Improvement (COPPphi) is an effort led by the National Network of Public Health Institutes (NNPHI) to build capacity among the nation’s public health departments to meet national standards for accreditation and to conduct quality improvement. To achieve these goals, NNPHI is building a community of practice through three strategies:

- Promoting shared learning through the provision of quality improvement (QI) awards and individualized quality improvement coaching to 60 public health organizations.
- Hosting Open Forums where public health practitioners and experts in public health and other fields share information about preparing for accreditation and best practices in quality improvement.
- Promote use of the Public Health Quality Improvement Exchange, a searchable online database that organizes information from public health quality improvement projects. The Robert Wood Johnson Foundation (RWJF) contracted with North Carolina-based RTI International to develop the exchange.

The goal is to generate the momentum and passion needed to ensure that 60 percent of the nation’s population will be covered by an accredited health department by 2015.

RWJF is providing NNPHI with a $1.75 million grant that runs from October 2011 through April 2014 and a $1.2 million grant that runs through December 2014. RTI International has a $2 million RWJF contract running from March 2012 to March 2014.

This Progress Report draws heavily on seven interviews, in addition to written reports submitted to RWJF from the grantees. See Appendix 1 for the list of interviewees.

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1 A community of practice is a group that shares a common concern, a set of problems, or interest in a topic and that comes together to fulfill both individual and group goals. For more on this model, see Community of Practice Design Guide, available online.
2 ID# 69338 ($1,749,997; October 1, 2011 to April 30, 2014) and ID# 70537 ($1,200,000; January 1, 2013 to December 31, 2014)
3 ID# 69839 ($1,999,912; March 15, 2012 to March 14, 2014)
WHAT IS THE PROGRAM ABOUT?

*Strengthening the Community of Practice for Public Health Improvement* (COPPHI) is about building “capacity and the passion for shared learning to propel public health departments in the drive for accreditation and quality improvement,” said Senior Program Officer at RWJF Pamela G. Russo, MD, MPH.

Passion is not a word normally heard in public health circles, said Russo, but she believes it aptly describes a program that amplifies the momentum generated by earlier accreditation-focused projects.

NNPHI was established in 2001 with support from RWJF and the federal Centers for Disease Control and Prevention (CDC) as the national membership organization for public health institutes, which are nonprofit entities that serve as partners and conveners to improve population-level health outcomes and foster innovations in the public health system. NNPHI promotes opportunities for its 37 member institutes to share best practices through meetings, teleconferences, and an annual conference. “NNPHI has the ability to engage people from the start and get them excited about accreditation,” Russo said. (For more on NNPHI and the COPPHI program, see the NNPHI website.)

**RWJF’s Interest in Accreditation**

Strengthening the nation’s public health system has long been a priority of RWJF. More than 3,000 local, state, tribal, and territorial health departments are the front line of defense against many of the nation’s most pressing health challenges—from chronic illness to food safety and disaster preparedness. Accreditation, RWJF believes, could establish consistent national quality standards and allow the measurement of the performance of health departments against them.

In 2005, RWJF, in partnership with the CDC, began funding a set of complementary projects that laid the foundation for a national public health accreditation program. COPPHI evolved directly from one of these programs—the *Multistate Learning Collaborative*.\(^5\)

NNPHI served as the national program office for the *Multistate Learning Collaborative/Lead States in Public Health Quality Improvement*, which began in 2005 with the CDC as co-sponsor and ended in December 2011. Some 16 states with their own accreditation or self-assessment programs were selected to play a leading role in the movement toward accreditation. The strategy was to ingrain QI in the thinking and practice of public health,

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\(^4\) For more on public health institutes and RWJF’s support for NNPHI’s work in expanding their reach and influence, see the Progress Report online.

\(^5\) In 2008, the *Multistate Learning Collaborative* ([www.nnphi.org/mlc](http://www.nnphi.org/mlc)) program was renamed *Lead States in Public Health Quality Improvement*. For more information see the interim Program Results Report.
in terms of both small-scale improvement projects and large system-wide change projects.

According to Jennifer McKeever, MPH, co-director of COPPHI, “the Multistate Learning Collaborative really created the community of practice that we are fostering with COPPHI…. By involving states that were already doing work on accreditation and QI, we were able to learn from them about what was going on in the field and build a program based on that.” See the Program Results Report for more on the Multistate Learning Collaborative/Lead States in Public Health Quality Improvement.

The real world experience of the public health practitioners in states that had an accreditation-like process was crucial in helping the Exploring Accreditation steering committee, and later the Public Health Accreditation Board, in developing guiding principles and in implementing the accreditation process. The board now administers a voluntary public health accreditation program designed to improve the quality and performance of the nation’s public health departments.

RWJF has set a goal of covering 60 percent of the U.S. population with an accredited health department by 2015.

**Emphasizing the Connection: QI and Accreditation**

The goals of continuous quality improvement and accreditation are intertwined, according to President and CEO of the Public Health Accreditation Board Kaye Bender, RN, PhD. “With accreditation, we now have national standards that promote continuous quality improvement for public health and a mechanism for recognizing high performing public health departments.”

“We know that to pursue accreditation you have to do QI,” adds RWJF’s Russo. “Originally, the Multistate Learning Collaborative was about state-run accreditation programs. But as we began to see commonalities in best practices across states, the notion of QI kept bubbling up. We began asking ourselves ‘what is QI in public health?’

*Common Ground* is another RWJF national program that helped public health agencies prepare for national accreditation by improving both their information systems and their overall systems performance. Paul L. Kuehnert, RN, MS, is a senior program officer and director of RWJF’s Public Health team. In 2006, he was executive director for the Kane County (Illinois) health department, one of 31 Common Ground grant recipients.

This experience “put us pretty far down path of getting ready for accreditation,” Kuehnert noted. “And as an executive director of a local health department, it also gave me a front-line perspective on what the real work is in moving health departments through the process of getting ready for accreditation and taking on QI as part of that process.” For more on Common Ground, read the Program Results Report.
**Coordination with the CDC**

COPPHI continues RWJF’s long-standing partnership with the CDC. In 2010, the CDC launched the National Public Health Improvement Initiative, a five-year program funded under the Affordable Care Act, that is helping some 74 state, tribal, local, and territorial health departments prepare for accreditation.

The initiative’s focus on state and large local health departments complements COPPHI, which targets smaller agencies through its QI awards program.

There is “a lot of overlap and synergy between the two programs, both of which have accreditation and performance management as their goals” said Craig Thomas, PhD, who directs the Division of Public Health Performance Improvement in the CDC’s Office for State, Tribal, Local and Territorial Support.

NNPHI is the evaluator of the National Public Health Improvement Program, which “gives us many opportunities for shared learning,” said Sarah Gillen, MPH, NNPHI’s director for programs.

The CDC also sponsors other initiatives that are even “more akin to COPPHI,” said Thomas. Its Accreditation Support Initiative provides grants of about $40,000 to jurisdictions too small to qualify for the larger awards and includes a QI coaching program.

**HOW DOES THE PROGRAM WORK?**

COPPHI began in October 2011, as the *Multi-State Learning Collaborative/Lead States* program was nearing its end and the Public Health Accreditation Board was about to officially launch. “We needed to continue the momentum,” said Gillen. To help public health agencies move toward accreditation while strengthening their QI capacity, COPPHI pursues three interacting activities:

**Open Forums**

NNPHI developed Open Forums under the *Multi-State Learning Collaborative/ Lead States* program as a way of reaching out to nongrantee health departments and other stakeholders to foster a wider exchange of ideas and best practices for quality improvement. Five states had initially been selected, but 18 others had applied. “We knew we needed to reach beyond grantees to folks in various stages of preparing for accreditation and quality improvement,” said Gillen.

After an initial forum for the 18 nonfunded applicants, NNPHI decided to reach out even further. “We changed our strategy to get as much coverage over the country as we could,” said Gillen, eventually providing indirect support to agencies in 22 states, in
addition to the 16 states that ultimately became grantees of Multi-State Learning Collaborative/Lead States program.

“The Open Forums were a signature accomplishment of the Multi-State Learning Collaborative and a major reason why RWJF funded COPPHI,” Russo said. “We discovered that it was incredibly valuable to bring people together and get them thinking about accreditation and QI in these meetings. Early starters—the states that had already been working toward accreditation— influenced those who were new to QI and accreditation.”

Since COPPHI began, NNPHI has hosted four Open Forums: in Alexandra, Va. (December 2011); Portland, Ore. (June 2012); Charlotte, N.C. (December 2012); and Milwaukee (June 2013).6

**The QI Awards Program**

The COPPHI QI Awards program helps selected health departments prepare for accreditation by giving them small grants of $5,000 apiece to conduct a QI project designed to result in measureable change. It builds on earlier programs, such as Common Ground, that showed small grants can act as incentives to advance the uptake of QI by agencies.

Sixty health departments received QI awards in two funding cycles. Recipients include 44 local health departments, 11 state health departments, four tribal health departments, and a U.S. territorial health department (American Samoa Department of Health). Four major cities (Boston, Chicago, Denver, and Portland, Ore.) also received awards.

**The Coaching Program**

Each award recipient received 15 hours of individualized, distance-based technical assistance from an experienced QI coach.

“Coaching is a way of getting to people who haven’t been part of the QI game,” said Lee Thielen, MPA, a public health consultant who helped to co-manage COPPHI. “It lets us into communities around the country, small, large, sophisticated and not, to get them working on QI. Then we can leverage these folks so they are able to be inspirational in their own state and region.

“Most of the coaches were known to us as national experts in the specialized field of public health QI, but we included a few less seasoned ‘practitioner-experts.’”

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6 The first three forums were conducted with funding from Grant ID# 69338; the fourth is supported by a renewal grant (ID# 70537; $1,200,000, January 1, 2013 to December 31, 2014), which will also cover three additional forums (through December 2014). See the “What Does the Future Hold?” section of this report for more information.
Three of the nine coaches came out of the *Multi-State Learning Collaborative/Lead States* program. “One of the three was a recognized talent, but the others were new discoveries….where we spotted talent and skills and watched them grow,” Thielen said. Showcasing these promising newcomers at open forums, honoring their work, and offering encouragement are part of the strategy for expanding the community of practice among public health practitioners.

“We are finding they are great at communicating with grantees and very accessible, so we think they are adding to the depth of the coaching program. The field needs to keep nurturing new coaches.” Thielen envisions a time when there is access to a coach in every state.

**The Public Health Quality Improvement Exchange**

The third component is the Public Health Quality Improvement Exchange, a website that assembles QI reports in a free, searchable database so accomplishments and lessons learned can be shared across public health departments. All 60 health departments that receive QI Awards are required to submit their QI project results to the exchange.

NNPHI had developed and presented a prototype of the exchange at the final meeting of the *Multi-State Learning Collaborative/Lead States* program. In their evaluations, attendees said they would use the exchange and believed it would help them prepare for accreditation.

Encouraged by this response, RWJF awarded a two-year contract to develop the exchange to the North Carolina-based Center for Advancement of Health Information Technology at RTI International. Jamie Pina, PhD, MSPH is project director.

An advisory panel composed of representatives from leading public health organizations, including the Association of State and Territorial Health Officials (ASTHO), the National Association of City and County Health Officials (NACCHO), and the Public Health Accreditation Board, provides high-level strategic guidance. See Appendix 2 for membership. A 10-member expert panel provides technical knowledge, and a user group composed of public health practitioners provides “real world” feedback on the exchange.

The exchange serves as an online community of practice, complementing the face-to-face interaction of the Open Forum community. “The COPPHI award was excellent,” said Pina, “because it engaged public health practitioners through Open Forums and the awards program. The online exchange bolsters the community of practice nurtured by COPPHI and extends it to an even bigger group of participants. It also brings others into the fold that COPPHI has not yet reached.” Exchange users can:

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7 ID# 69839 ($1,999,912; March 15, 2012 to March 14, 2014)
● Submit a quality improvement initiative
● Search existing quality improvement interventions and tools
● Visit the Community Forum to start a discussion or chat with an expert
● Ask questions about the development and execution of QI initiatives

“Online conversations occur only once, but the discussion is visible for as long as the site is available,” Pina said. “That knowledge lasts a long time.”

Pina and his team continually update and enhance the exchange in response to user needs and comments. Examples include:

● **Agency QI plans**: In the Community Forum, several people expressed an interest in QI plans from public health departments. Four accredited health departments agreed to share their documentation and reviewer comments.

● **Stories and video highlights**: These focus on the human interest elements of QI reports featured on the website. For an example, see the video on Northern Kentucky District Health Department’s project, Operation Chuck Wagon. Scroll to the bottom of the page for the video. The print story is also available online.

● **Newsletter**: In June 2013, the exchange published its first issue of QualityMatters, a monthly e-newsletter.

**WHAT ARE THE MOST SIGNIFICANT RESULTS TO DATE?**

**Momentum Builds for Accreditation**

Building on the *Multi-State Learning Collaborative/Lead States* program, COPPHI has played a core role in reframing perspectives on accreditation. NNPHI’s Gillen said, “I’ve seen the notion of accreditation shift from a scary thing with no benefits to something public health practitioners are passionate about—really making a difference in their health department and community.”

Initially, she said, “Practitioners were skeptical about the feasibility of making folks in rural Kansas adhere to the same national standards as folks in Los Angeles. How are they possibly comparable? Another concern was that accreditation would be nothing but the rubber stamp it often seemed to be in other fields.”

Much of the shift in thinking has come from linking accreditation with quality improvement and seeing the benefits that stem from performance improvements. “With the economic downturn and funding levels cut,” said NNPHI’s McKeever, “we are starting to find stories where people are using accreditation standards to transform from a health department focused on health care services to improving the health of the community at the population level.”
Bender credits NNPHI with “doing a lot more than any other organization to change the mindset about what QI in public health means and where accreditation fits along that trajectory. When agencies are first learning QI principles, it feels like extra work, and it is. But once they figure out you invest in the short term for long-term gain, they begin to see it as embedded in what they do every day, as opposed to a separate program or an additional cost.”

RWJF’s Kuehnert, too, agrees that a new perspective has begun to take hold. “The movement toward accreditation has really matured and come of age. What NNPHI has done with COPPHI is to build the infrastructure to really make this a lasting force.”

**Excitement—and Attendance—Grow at Open Forums**

In a mid-course evaluation of COPPHI’s progress during its first 15 months (October 2011–December 2012), NNPHI reported that attendance has grown steadily at Open Forum meetings, increasing from 185 participants at the first meeting to 265 at the third. Participants have been willing to pay for attending and the vast majority (94% to 100%) has rated the meetings as excellent or good.

Strong approval ratings are no accident, according to the Public Health Accreditation Board’s Bender. A former dean of an academic institution, she is familiar with adult learning, and knows how complex it can be to arrange networking sessions of value to a variety of audiences. “Open Forums became more sophisticated each year in addressing learning needs of their audiences,” she said.

“It took a while, but we found the right balance of speakers inside and outside public health who appeal to both newcomers and more seasoned audience members. We combine ‘push-the-envelope’ speakers with real-world examples from public health departments. NNPHI has a good feel for the field because our staff members really listen and are assertive in asking questions,” Bender said.

“We are often complimented on our ability to pull together meetings with people who are really excited and passionate because they have seen the benefits of their QI work,” added NNPHI’s McKeever. “They become storytellers to others less familiar.”

**QI Projects are Varied and Achieve Measurable Results**

Among the QI topics of projects receiving awards, maternal and child health was the most frequently addressed (15 projects), followed by food safety (6 projects). Projects also addressed HIV and hepatitis C testing, immunizations, environmental health hazards, community engagement in health assessment and improvement processes, teen pregnancy, and smoking cessation.
McKeever selected three QI award recipients as examples of the significant and sustainable outcomes that can be achieved with a small grant. Their work has also been posted on the Public Health Quality Improvement Exchange.

**Operation Chuck Wagon: Making Food Trucks Safer in Kentucky**

The Northern Kentucky Independent District Health Department knew it had a problem with unscrupulous mobile food vendors—food trucks. Without a fixed location or traditional advertising, many were circumventing the permitting process and operating without a license. Out-of-state vendors were a particular problem. Because of the district’s close proximity to Ohio and Indiana, vendors could enter, operate, and leave without obtaining the proper Kentucky permits and inspections.

Unlicensed mobile food vendors may not follow proper food safety practices or obtain food products from approved sources. Workers in the area’s factories and warehouses who wanted a fast, inexpensive lunch from a food truck were unknowingly putting themselves at risk of foodborne illness.

With the growing popularity of mobile food vending, the health department needed to increase the percentage of properly licensed vendors. It used its QI award to analyze the problem and unearth root causes and to identify sustainable solutions in collaboration with local businesses and vendors themselves.

During the eight-month project—called Operation Chuck Wagon—health department staff contacted local businesses to inform them about the importance of protecting their employees’ health by allowing only licensed mobile food vendors to operate in their areas. They performed unannounced inspections of all mobile food vendors operating within the department’s four-county jurisdiction, ordered unlicensed vendors to cease operations, and had adulterated food products quarantined and destroyed.

Follow-up inspections demonstrated greater licensing compliance, but improper temperature control remained prevalent and the department developed additional guidance. By November 2012, all of the vendors were complying with licensing requirements (up from 25%) and required temperature controls.
**Responding to Foodborne Illness Outbreaks More Quickly in Ohio**

The Toledo–Lucas County Health Department (Ohio) is responsible for ensuring that food served in the county’s more than 3,500 food establishments is safe. In 2012, 21 illness outbreaks were reported in Lucas County, 13 of them thought to be potentially foodborne. Investigating these cases quickly reduces the time that the public is exposed to a pathogen.

In early 2012, when the health department received its QI award, it took an average of 44 days from the time an outbreak case was opened until it was closed. The department wanted to lower this time by at least 15 percent and used its award to convene a QI team that analyzed the problem, looked for root causes, and used QI tools to address them.

Team members standardized and updated a “green sheet” to guide investigational interviews, and trained environmental health staff in its use. To improve communication between the lead investigators in outbreak cases—food inspectors and epidemiologists—the group decided that at least one epidemiologist should attend the weekly food inspectors’ meeting.

After completing these steps, the health department found that the mean “open-to-close” time for foodborne outbreak cases dropped from 44 to 22 days—a 50 percent reduction, much greater than the 15 percent the team had aimed for.

**Increasing Community Collaboration in Kansas**

The Sedgwick County Health Department used its QI award to address the difficulties associated with keeping community partners involved in a community health improvement plan. The county wanted to increase the number of individuals and organizations actively engaged in the Visioneering Health Alliance—the coalition leading the improvement plan—and to improve the synergy, leadership, and efficiency of the overall partnership.

The health department team gathered baseline data about the perspectives of coalition members and created a flowchart of the current process for inviting participation in the health improvement plan. The assessment revealed that the coalition was not engaging diverse “voices” in the planning process.

The team applied a QI tool to identify additional leaders on health issues and gathered their contact information. Next, to ensure that new participants would experience a

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deeper connection to the Visioneering Health Alliance and the health improvement planning process, current and proposed members were urged to participate in the Health Leadership Academy, an intensive training workshop. As a result of these efforts membership in the coalition rose from 19 at the start of the project to 24 at its conclusion: a 26.3 percent increase.

**Public Health Quality Improvement Exchange Gains Momentum**

As of July 2013, there were more than 900 registered users of the Public Health Quality Improvement Exchange website, thousands of visitors, and steady increases in searching. “We saw that people really want to talk about quality improvement and accreditation with their peers. We use a number of different venues to create enthusiasm for online communication—Twitter feeds, social media events, videos, and promotional activities. We see it gaining momentum all the time,” said RTI International’s Pina.

RTI International staff attends Open Forum meetings to generate interest in the exchange, setting up a booth to let attendees look at the site and also giving formal presentations. “The first presentation covered our vision and development plans; the second occurred after the site was live, so we could share real, tangible content.” At the June 2013 Open Forum, Pina invited QI award recipients who had published on the exchange to discuss their work as “examples of the benefits of sharing quality improvement experiences through a structured online platform.”

Some 60 QI projects, including 13 representing the work of COPPHI award recipients, had published on the exchange as of July 2013.

“The exchange lets people comment on QI initiatives and write to a peer if they have their own related initiative. We’re starting to see more and more of that. Finding a community of people thinking about a topic that you’re thinking about and speaking to them in the same language is very rewarding,” said Pina.

“Most of the projects submitted to PHQIX [the Public Health Quality Improvement Exchange] would be difficult to publish in a peer-reviewed journal. The QI project might be a small case study or a report of what occurred during the execution of a plan, but it’s an important real-world activity.”

See Appendix 3 for the project articles published by QI award recipients.

**Increased Readiness for Accreditation**

To assess whether COPPHI and earlier RWJF efforts have helped prepare agencies for accreditation, NNPHI’s McKeever looked at the first 11 accredited health departments and found that nine were engaged with COPPHI in some way and six had submitted projects to the Public Health Quality Improvement Exchange. She also noted that:
Four accredited health departments participated in the QI Awards programs: two as award recipients, two as unfunded applicants.

Four were *Multi-State Learning Collaborative/Lead States* sites, six were COPPHI Open Forum participants, and three participated in both.

Whether or not they were among the first agencies to have been accredited, QI award recipients perceive the program as a good preparation for accreditation. In NNPHI’s mid-course evaluation, almost all of the Cycle 1 award recipients agreed (40%) or strongly agreed (57%) that the program had increased their accreditation readiness.

COPPHI’s role is also to build momentum for accreditation among thousands of other health departments across the country. Already, the Public Health Accreditation Board’s Bender notes, “Most of the 131 health departments in the accreditation system now [as of Spring 2013] have had some relationship with the community of practice.”

**WHAT CHALLENGES IS THE PROGRAM FACING?**

**A Needed Attitude Adjustment**

Despite the momentum, the push to cover 60 percent of the population with an accredited health department by 2015 faces obstacles, including lack of funding for public health and political resistance to health care reform. As well, RWJF’s Kuehnert acknowledges, some health departments remain fearful that accreditation programs are rote and demanding exercises that don’t have an impact on practice.

Advocates hope that the voluntary nature of public health accreditation will allay fears that it is burdensome. “It’s a bit of a dance,” said CDC’s Craig Thomas. “We are not telling jurisdictions they have to apply, but [even so] some feel we are being too strong in pushing accreditation.”

**Embracing Social Media**

Getting public health practitioners to understand the value of social media as a communication tool has been another challenge. The web is “not first place that public health practitioners go to communicate with each other,” RTI International’s Pina said, adding, “frankly, we were excited about it because it changes how people accomplish their work.”

Bender sees a challenge in striking the right balance between the need to populate the Public Health Quality Information Exchange and making sure that projects are good teaching tools. “Collecting examples of QI projects is a good place to start, but to ensure the exchange’s usefulness as a teaching resource, it needs to have scrutiny and oversight by a credible source.”
WHAT HAS BEEN LEARNED?

NNPHI staff and their partners agreed that marketing the multiple values of accreditation was the key to building enthusiasm in the public health community.

For the CDC’s Thomas, accreditation is about capacity-building. He underscored the importance of “subtle messaging, especially in programs geared for smaller agencies that don’t have a QI component…. We tell them the award will help them build the organizational infrastructure for QI now while accreditation is still down the road. Instead of saying it’s a requirement, we tell them ‘If you do these things you’ll be ready to apply.’”

Used wisely, federal incentives can also promote interest in public health accreditation. The CDC and other federal agencies have said they will give extra points to accredited agencies in federal grant applications once the market is more saturated with them. “Health departments know that,” said Thomas, “and I think that’s been some of their incentive in planning for future.”

However, the Public Health Accreditation Board’s Bender urges federal agencies not to withhold all funding from non-accredited health departments; resources are vital if they are to build the infrastructure necessary to meet accreditation standards eventually.

Bender also recommends celebrating the special nature of accreditation—and having fun in the process—as a way to boost interest. “Some of the first 11 accreditation recipients were small, rural agencies. They have parties, open houses. When the six o’clock news covered one agency’s accreditation story, they said it was the first time they were covered by live TV except when they had a problem. That kind of word spreads and encourages others to want to apply,” she said.

Applying for accreditation also sends a message to the community—and to funders—that a public health agency stands behind its work and is willing to “put it out in a transparent way” to be measured against a rigorous set of standards. “In this political climate, a high level of accountability and transparency are key,” said Bender.

“We heard cases of health departments undergoing tremendous budget cuts that were able to avoid eliminating services by arguing they were needed to establish their readiness for accreditation. Of course, we also heard from financially strapped health departments who couldn’t apply for accreditation because of the cuts. That didn’t surprise us. What was more surprising was the fact that health departments were using accreditation as a way to deal with tough economic times.”

Program staff identified a number of additional ways to help health departments become more involved in QI.
• Give users multiple points of entry into online discussions and let them gradually become comfortable with social media. “Users who start by observing move to a more active role—doing things they wouldn’t have done before: commenting, posting, and ultimately introducing others to the discussion,” said RTI International’s Pina.

• Give people opportunities to meet face to face when providing distance-based QI coaching. NNPHI learned from the first round of QI award recipients that distance-based coaching works, but only as long as there are also some opportunities to meet in person.

• Offer travel support to boost attendance at trainings. With tight budgets and restrictions on travel, many local health departments would have been unable to send staff to the Open Forum meetings if NNPHI had not been able to use its grant funds to cover travel costs.

• Recruit advisory board members who can give credibility to your project. “Getting buy-in from groups that were recognized and respected by the public health community gave the practice exchange more visibility and identified it as a reliable source of information,” according to Pina.

WHAT DOES THE FUTURE HOLD?

More Open Forums
With RWJF funding in place through December 2014, NNPHI will develop three more Open Forums over the next two years. NNPHI’s strategy for the upcoming forums will start with learning from the first set of accredited health departments. NNPHI will also work with NACCHO to invite big cities and states working on accreditation to participate in the forums.

60 Percent of the U.S. Population by 2015?
As of mid-2013, 120 agencies are in the accreditation pipeline, in addition to the 11 that are already accredited. Together they serve 134.5 million people (44.8% of the population).

Paul Kuehnert believes RWJF’s goal of serving 60 percent of the U.S. population with an accredited public health agency by 2015 is realistic if that goal is redefined more broadly. While it has taken the Public Health Accreditation Board longer than anticipated to move applicants through the formal accreditation process, Kuehnert notes that by 2015, 60 percent of the population will be covered by departments that have at least initiated the process, if not completed it. “That is a big accomplishment,” he says.
The CDC’s Thomas is even more optimistic, believing that with “a mix of efforts from the CDC’s National Public Health Improvement Initiative and COPPHI creating the momentum,” it is possible to achieve or exceed the 60 percent goal.

For RWJF’s Russo, the key to achieving that goal is to bring in states and big cities. “RWJF is targeting six big cities and three big states that have a commitment to accreditation and providing them with intense technical assistance so they can accelerate the application process.”

**Creating a Default Place for QI Information**

RTI International’s Pina envisions a time when it will be routine to visit the Public Health Quality Improvement Exchange (PHQIX) before beginning a project. “You can review work that’s been done in the past, look through the comment thread, see what peers had to say about the project, and reach out directly to them,” he says. “They can give you pointers, so you avoid pitfalls and save time and resources. The site is still relatively new, but usage is increasing regularly. It’s exciting to see the community adopt this new form of communication.”

RWJF owns the database, website, and associated software, enabling it to identify the most appropriate home for the website at the end of the grant period to ensure the greatest access and achieve sustainability.

In March 2014, RWJF made another grant to RTI International for the online PHQIX. It supports the continuation of the exchange for two years, with emphasis on increasing the number of submitted quality improvement (QI) initiatives, increasing the quality and consistency of the QI initiatives and reports, and showing evidence of adaptation and adoption of practices described in the online QI reports.\(^{12}\)

**A Related Project**

NNPHI received another RWJF grant for them to manage a third series of coached QI projects in health departments under the aegis of COPPHI, as well as to manage the national advisory panel for the PHQIX.\(^{13}\) This project will demonstrate the effectiveness of Kaizen Event methodology\(^{14}\) in achieving rapid improvement of results across a range of health department processes. Ten health departments will be selected to participate though a competitive-application process. Staff at the selected departments will receive

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12 ID# 71647 ($1,797,187 (March 15, 2014 to March 14, 2016)
13 ID# 71216: $418,134 (September 15, 2013 to January 14, 2015)
14 Kaizen is Japanese for "improvement" or "change for the better." It refers to philosophy or practices that focus upon continuous improvement of processes in manufacturing, engineering, and business management. It has been applied in health care, psychotherapy, life-coaching, government, banking, and other industries.
preparatory in-depth QI training through an in-person meeting, followed by on-site expert coaching through a five-day Kaizen Event, and virtual coaching through the duration of the award period. The health departments will submit multiple projects from the Kaizen Event to PHQIX and also disseminate them through multiple other means. NNPHI will also continue to plan, facilitate, and document action steps for meetings of the PHQIX national advisory panel.

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APPENDIX 1

People Interviewed for this Report

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APPENDIX 2

Public Health Quality Improvement Change Advisory Panel

Leslie M. Beitsch, MD, JD  
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Ron Bialek, MPP  
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Joe Finkbonner, RPh, MHA  
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Northwest Portland Area Indian Health Board, PHAB Board of Directors  
Portland, Ore.

Jessica Solomon Fisher, MCP  
Director, Accreditation Preparation and Quality Improvement  
National Association of County and City Health Officials  
Washington, D.C.

Sarah Gillen, MPH  
Director for Programs  
National Network of Public Health Institutes  
New Orleans, La.
APPENDIX 3

Articles Posted by QI Award Recipients on the Public Health Quality Information Exchange

Thirteen QI Award recipients have posted their projects online:


Clark County Public Health Department (Wis.): Mews B. Public Health Quality Improvement Exchange. Improving the Quality and Efficiency of the Prenatal Care Coordination Program. Sun., 02/17/2013–22:35. Article available online.


Denver Health and Hospital Authority (Colo.): Mickiewicz T. Public Health Quality Improvement Exchange. Implement a Systematic Process to Deliver and Document a Brief Tobacco Cessation Intervention To All Clients Seeking Family Planning and Sexual Health Services in the Denver Metro Health Clinic. Thu., 05/30/2013–12:36. Article available online.


Sedgewick County Health Department (Kan.): Armbruster S. Public Health Quality Improvement Exchange. Improving the Quality of Community Collaboration: Communication, Empowerment, and Diversity. Thu., 05/30/2013–09:57. Article available online.

Toledo-Lucas County Health Department (Ohio): Zgodzinski E. Public Health Quality Improvement Exchange. Office of Epidemiology and Environmental Health Division Align Priorities leading to a 50% reduction in time. Thu., 03/14/2013–15:18. Article available online.