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## The Laurels of Local Public Health

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## **GUEST EDITORIAL**

### **The Laurels of Local Public Health**

Cathy Raevsky

In a recent column discussing the work of local public health, the president of the National Association of County and City Health Officials (NACCHO), Robert Pestronk, stated, “Our job is to improve health outcomes by preventing disease, protecting people, and promoting health. We should always be looking for better ways to do this.” In order to best serve and protect the health of citizens, local health departments must avoid resting on our laurels. Rather, we must consistently look to these laurels in the face of ever-changing threats to public health. This past year, four local health departments in Michigan set out to do just that.

In March 2007, representatives from Berrien, Genesee, Kent, and Ottawa County Health Departments attended a two-day learning session on Continuous Quality Improvement (CQI). The session was part of the Michigan Accreditation Continuous Quality Improvement Collaborative (MACQIC) in which each local health department was provided a \$10,000 grant to implement a year-long CQI project within their local jurisdiction. After a steady diet of alphabet soup (PDSA, RCI, SMART, etc.) and learning many new concepts, attendees understandably were left with their heads spinning. Driven by the desire to improve, however, these four local health departments committed the time they needed to learn the CQI process and applied that knowledge in the completion of their local projects.

#### **Raising Awareness of Public Health in Berrien County**

The Berrien County Health Department (BCHD) provided the perfect example of using data to drive improvement. Results from a Behavioral Risk Factor Survey in 2005 indicated that awareness of public health services was low among county residents. In response, BCHD partnered with a local newspaper targeting Benton Harbor - a community of high need, low socioeconomic status, and great health disparity - to inform, educate, and empower citizens about health issues and the role public health plays in addressing these issues. BCHD and leadership from the local newspaper, the Benton Spirit, planned the most effective way to impact the greatest number of residents using a 12-month promotional campaign. Information was distributed through both Benton Spirit print and electronic media ([www.bentonspiritnews.com](http://www.bentonspiritnews.com)) in order to reach a large audience.

The impact of BCHD’s project went beyond the increased publicity of health department services. An improvement in the timeliness and quality of the articles that were submitted led to a decrease in the amount of time spent editing initial drafts. BCHD also increased the number of individuals participating in the writing of articles. The time invested in this CQI process has increased capacity for future projects involving the media and has established the framework for additional quality improvement projects in Berrien County.



### **The CQI Veterans: Genesee County Health Department**

The Genesee County Health Department (GCHD) is not new to CQI efforts. In fact, the GCHD first introduced concepts of quality improvement to its employees more than fifteen years ago. In the years that followed, GCHD pursued opportunities to incorporate CQI into its corporate culture. They have used QI methodology in preparation efforts for pandemic influenza and to improve services to sexually transmitted disease clients.

GCHD identified two additional opportunities for improvement as part of MACQIC. One of these opportunities was identified through a 2006 evaluation of the electronic school disease surveillance system. A time study indicated that GCHD staff spent an average of 14.25 hours per week compiling reports from schools. Further analysis also revealed that 46.4% of these reports contained errors requiring correction by the staff. CQI tools were utilized to identify the two major errors that were occurring in the reports and corrective action involved a revision of the online reporting tool based on surveys of system users. These improvements led to an 80% reduction in the amount of time required for report processing. Through this CQI process, GCHD has increased its organizational capacity for communicable disease surveillance and continued its efforts to strengthen its culture of quality improvement.

### **Reaching Out to Physicians in Kent County**

The Kent County Health Department (KCHD) sought to strengthen the education received by patients infected with hepatitis C. Annually, KCHD receives nearly 400 reports of hepatitis C via the communicable disease surveillance system. Educating this patient population has proven difficult for KCHD as contact information submitted via the surveillance system is often not up to date. Additionally, interviews with key informants with knowledge of the patient perspective indicated that patients infected with hepatitis C often do not receive sufficient information from their physicians to effectively manage their disease. KCHD's project focused on reaching hepatitis C patients by reducing the barriers faced by physicians in providing patient education.

Based on the results of a provider survey that identified these barriers, KCHD hosted a two-hour morning training session on the role of the primary care physician in hepatitis C diagnosis and referral. The session was conducted by the chief of gastroenterology and hepatology at Henry Ford Hospital. KCHD provided each attendee with a resource book containing multiple copies of Hepatitis C education materials on an extensive variety of topics. In order to measure the effectiveness of this effort, KCHD instituted an enhanced surveillance questionnaire to collect information from patients regarding the education received from their provider. Comparing data collected after the training to baseline data will help determine if an improvement was realized. No matter the extent of improvement realized, however, KCHD's CQI journey has strengthened internal collaboration and organizational capacity for future educational outreach efforts.

### **Creating a Culture of Quality in Ottawa County**

After undergoing several changes in leadership, the Ottawa County Health Department (OCHD) set out to transform the organization from a traditional "silo" approach to a fully integrated and



holistic organizational model. OCHD conducted two surveys, one for line staff and one for upper level management, to establish a baseline measure of their organizational health. Together, the surveys evaluated the organization on seven categories including leadership, strategic planning, customer and market measurements, human resources, process management and business results. Responses to the survey identified themes of concerns in the areas of communication and leadership development. Focus groups were scheduled between staff and administration to provide a means for communication and to identify root causes to the issues identified. Leadership staff have created programs, including a leadership challenge and enhanced use of the county's intranet for communication, to improve upon the identified gaps.

OCHD's project is one step of a longer process in the agency's evolution to become an organization of excellence. They believe that the heart of a strong organization is its relationship with employees, who ultimately impact customers served. If an organization does not have the internal capacity through a strong culture of quality, then it cannot fully address public health issues. Customer service, teamwork, leadership development, training and communication all impact the quality of the internal organization which invariably affects the quality of public health services delivered.

### **Adopting CQI a Sound Investment**

Learning new concepts is never easy, but in order to remain progressive in the world of public health, it is necessary. No matter how great of an improvement was realized through the completion of these projects, the true dividend of this investment was the enhanced knowledge of the CQI process and the tools available to guide improvement projects. As Benjamin Franklin said, "The best investment is in the tools of one's own trade." Through their participation in MACQIC, these four health departments have acquired skills that can be applied to future projects that further strengthen local public health.

The MACQIC steering committee has created an extensive quality improvement guidebook, including descriptive case studies of the four Michigan projects. The guidebook can be accessed at [www.accreditation.localhealth.net](http://www.accreditation.localhealth.net). All of us involved in this pilot of CQI processes hope that our local health colleagues in Michigan will consider adopting CQI processes to ensure new laurels in their future.

*Cathy Raevsky is the Health Officer of the Kent County Health Department and the current Chair of the Board of the Michigan Association for Local Public Health.*

