

Wisconsin

ASSESSMENT AND QUALITY IMPROVEMENT ACTIVITIES

Wisconsin currently has a local health department (LHD) assessment process (the Review Process) that is required by statute, described by administrative rule¹, and consists of a formal review of the operations of each of the state's 92 LHDs at least once every five years. The mission of the Review Process is to assure conditions in which the people of Wisconsin can be healthy, and the goal is to assure that all LHDs provide a basic level of public health services.

The process has evolved since 1991 when LHDs and the Wisconsin Division of Public Health (WDPH) created an assessment/quality improvement (QI) initiative that would later become the Review Process known as *HFS 140 Local Health Department Review*. The first reviews were completed in 1998 and since then each LHD has been reviewed twice. The review evaluates LHD structure and function in several areas - e.g. boards of health, staffing, programs and services - and is aligned with statutorily mandated essential public health services.

The assessment tool is a basic one - a checklist of required essential services that a LHD either has or does not have. (See TABLE I) Based on the review, LHDs are categorized by level of service. Wisconsin currently has 11 Level I (most basic level of service), 52 Level II, and 29 Level III LHDs. Recognizing that this pass/fail approach is a "start" but less than an ideal, Wisconsin is eager to adopt or develop a system that has more qualitative depth and more potential for directed QI. In the past year, preliminary work has been done to revise the current assessment tool to reflect the language in the *Operational Definition of a Functional Local Health Department*.

The current review process is lead by the WDPH's five regional offices (ROs). The regional office directors (RODs) work directly with each LHD (including elected/appointed Board of Health members) to complete the review and provide technical assistance on any gaps that are identified. RO staff members also provide other types of support and consultation for LHDs on an ongoing basis for topics such as community health improvement planning, use of electronic integrated data systems, program coordination, media relations, identifying best practices, policy development, quality improvement and evaluation.

Wisconsin's primary organized efforts in the area of quality improvement have centered on the state health plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public (HW2010)*, which grew out of the Robert Wood Johnson Foundation's National Turning Point Initiative.

¹ Required Services of Local Health Departments, <http://www.legis.state.wi.us/rsb/code/hfs/hfs140.pdf>

The plan identifies measurable short, medium and long-term outcomes and action steps. The overall goal of the state health planning process is to transform Wisconsin's public health system. The initiative has resulted in two significant impact areas:

- 1) Many Wisconsin communities have framed their own community health improvement plans around the priorities established in HW2010
- 2) Wisconsin statute now requires the development of a state health plan at least every ten years.

While HW2010 provides broad recommendations for quality improvement, it does not detail imperatives for any QI activities that are not linked to the Statutory Review Process. As such, most QI initiatives to date have been expressed within a single agency or among small groups of agencies brought together within the Wisconsin Association of Local Health Departments and Boards (WALHDAB) regional meetings or through the initiative of WDPH ROs. Formal QI activity is an area *ripe for development* in Wisconsin.

TABLE I: EXAMPLE OF CURRENT REVIEW TOOL

STATUTE OR RULE #	STATUTE OR RULE CITATION	DPH USE ONLY		EVIDENCE (LHD PROVIDES)
		YES	NO	
s.251.03 (1)	Local Board of Health	<input type="checkbox"/>	<input type="checkbox"/>	View: Current list of BOH members and credentials required
s.251.03 (1)	Board of Health has no more than nine members	<input type="checkbox"/>	<input type="checkbox"/>	Verbal or written: Number of BOH members

PARTICIPATION IN THE MULTI-STATE LEARNING COLLABORATIVE

Through participation in *Lead States in Public Health Quality Improvement*, the third phase of the MLC (which will run from 2008-2011), Wisconsin will prepare for national accreditation and advance quality improvement in public health through the following work:

Preparation for Accreditation: Wisconsin has set four primary objectives focused on alignment with national voluntary accreditation:

- Create a community of practice within Wisconsin's public health system that is *inspired* to prepare for and contribute to national voluntary accreditation. Twelve LHDs per year will be recruited to serve as *primary (MLC) project partners* and receive a stipend for participation. Each LHD will be required

to participate in three primary partner meetings and all activities of their selected Quality Improvement Collaboratives (described in next section); complete and report on a self-assessment using the NACCHO LHD Self-Assessment Tool; and respond to requests for data necessary for internal and external program evaluation.

- Communicate the value of quality health departments to policy and opinion leaders in Wisconsin through the use of marketing techniques designed with input from communications professionals. Through a contract with a communications firm, Wisconsin will develop a communication plan that conveys: a) value added for communities that have a high quality health department and b) the role that accreditation can play in elevating and maintaining quality. Strategies for high impact marketing to Board of Health members, health officers, county and municipal administrators, and selected state and local policy leaders will also be identified.

- Develop and pilot a process to assess and improve the quality of the WDPH that combines the National Public Health Performance Standards results from 2006, the NACCHO LHD Self-Assessment Tool, and emerging national accreditation and QI tools. A work team will be formed to draft an overall strategy and timeline for this process during the first year of the project.

- Develop a process that effectively combines Wisconsin's current review process with emerging national voluntary accreditation and QI tools. Because Wisconsin's process is outlined in statute and administrative rule, the state will work to ensure that what is written in law aligns with the developing national program.

Quality Improvement Collaboratives: All states participating in the third phase of the MLC are forming collaboratives to collectively implement quality improvement activities focused on specific target areas. States were asked to choose at least two targets from a menu of five capacity/process target areas and five health outcome target areas. Wisconsin will concurrently implement 2 collaboratives ("target teams") consisting of 15 HDs, each with WDPH staff participating based on interest and capacity (these are health departments recruited to serve as *primary project partners*, noted in the previous section). The collaborative work will be launched more actively in February 2009. The SHD will work with this group of 15 until April 2009. It is then up to the LHDs whether they will continue or if the next cohort of LHDs will continue the work.

Target Areas:

Capacity/Process Target Area:

Community Health Profile

Sub-target: A uniform set of health indicators is developed into a community health profile that describes the population's health

Health Outcome Target Areas:

Reduce the burden of alcohol related disease and injury

Sub-target: Reduce the percentage of adolescents aged 12-17 who reported drinking in the past 30 days

Project Lead and Partners: The **WDPH** is the fiduciary agent for the project and Institute for Wisconsin's Health is the lead for administering the project. WDPH has the responsibility of ensuring that the Review Process occurs as required by statute. RODs work collaboratively with LHD leaders to complete the review and to assist in ongoing QI efforts to strengthen essential services.

The Institute for Wisconsin's Health, Incorporated (IWHI), is an independent public health institute formed in October 2006. IWHI's board of directors is comprised of leaders from public health, business and medicine, and is strongly supportive of efforts to strengthen public health infrastructure in Wisconsin.

The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is a nonprofit membership organization that represents all Wisconsin LHDs and provides a voice for health officers and elected or appointed board of health members. WALHDAB holds regular meetings in each of the WDPH regions, has a statewide board and governance structure, and co-hosts an annual meeting with the Wisconsin Public Health Association (WPHA - affiliate of the American Public Health Association).

Individual LHDs are responsible for preparing evidence of statutory and administrative rule compliance and for engaging with WDPH designees in the review process. Wisconsin's local health officers are required by statute to assure the public health core functions and essential services are provided.

ADDITIONAL RESOURCES

Institute for Wisconsin's health (link to be active 9/1/08):
www.instituteforwihealth.org

Wisconsin DHS:
<http://dhs.wisconsin.gov/aboutDHS/dph/DPH.HTM>

WALHDAB: <http://www.walhdab.org/>

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