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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

January 9, 2012

Denise Pavletic
Director, Public Health Systems Improvement
Association of State and Territorial Health Officials
2231 Crystal Drive, Ste. 450
Arlington, VA 22202

Dear Ms. Pavletic:

I am writing this letter to communicate my support of the attached application for the Association of State and Territorial Health Officials (ASTHO) Request for Applications (RFA) National Demonstration Initiative on Quality Improvement (QI) In State Public Health Programs. The Arizona Department of Health Services (ADHS) is well positioned to utilize this additional funding to advance ongoing accreditation and QI activities.

ADHS is currently meeting many of the standards and measures required by the Public Health Accreditation Board. The additional funding would increase ADHS staff exposure to accreditation and build QI competencies. At the same time, the agency would initiate a high-profile project to demonstrate the far-reaching effects of QI, increase readiness for accreditation, and enhance collaboration among programs and divisions. This award would support a project to develop a standard home safety assessment tool to be used in collaboration by Maternal Child Health, Chronic Disease and Environmental Health. This collaboration will increase the number of homes reached and provide more information on home safety than ever before. Additionally, the creation of a QI Team will reveal duplicative efforts and or the existence of any gaps in our processes. This unprecedented sharing of data and resources will benefit our community partners and the families of Arizona.

I am confident that ADHS will succeed in our accreditation efforts and this funding opportunity can only help accelerate our progress. Jump starting this QI process will benefit the department, the state and communities throughout Arizona by integrating the efforts of current staff, and allowing us to operate in the most efficient manner possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet A. Mullen".

Janet A. Mullen, PhD, MBA
Deputy Director

Arizona Department of Health Services

Application for Association Of State and Territorial Health Officials (ASTHO)

National Demonstration Initiative on Quality Improvement (QI)

In State Public Health Programs

January 9, 2012



Arizona Department of Health Services
Division of Public Health Services



CONTACT INFORMATION
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Program area (CD, EH, MCH) lead contacts (<i>the project contact may also be a program area lead</i>): Name and Program Area: Diane Eckles, Environmental Health Email diane.eckles@azdhs.gov Phone 602-364-3142
Name and Program Area: Toni Means, Maternal and Child Health Email toni.means@azdhs.gov Phone 602-364-1422
Name and Program Area: Tim Vaske, Chronic Disease Email tim.vaske@azdhs.gov Phone 602-364-0841
AGENCY INFORMATION
Agency Structure (Centralized, Decentralized, Mixed): Decentralized
Approximate size of population served: 6,483,000
Approximate annual budget: \$2.3 billion
Current number of FTEs: 1,580
Does your agency have an Environmental health program or office? If so, describe where it is located within your agency. Yes. The Office of Environmental Health is within the Bureau of Epidemiology and Disease Control in the Division of Public Health Preparedness at the Arizona Department of Health Services (ADHS).
Describe any efforts your HD has engaged in thus far to prepare for accreditation. If your agency has not engaged in any efforts, please answer with "none." ADHS has completed two of the three Public Health Accreditation Board (PHAB) prerequisites. The State Health Assessment was conducted in 2008 and strategic planning was conducted in 2011. Simultaneously, in 2011 ADHS initiated a number of quality improvement (QI) activities in preparation for accreditation. They include:



- The Performance Improvement Manager (PIM) was hired and the Managing for Excellence Program (MEP) established.
- ADHS formed a QI Council that serves in an advisory capacity to MEP and meets monthly. It consists of the Deputy Director for Planning and Operations, Assistance Directors for Public Health Prevention & Preparedness, Chief Medical Officer and the Local Health Liaison.
- Key ADHS leadership participated in a two-day strategic planning session that resulted in a clear strategic direction, a path for implementation and a one-page Strategic Map (see Attachment 1).
 - Six priority areas identified
 - Work plans developed around the six priority areas
 - Performance measures initiated that align with the 25 strategic map objectives, and national and state standards
 - Division-wide, all-staff ‘Strategic Map’ presentations held
- ADHS is developing a comprehensive Performance Management system.
 - Plan Do Check Act (PDCA) model adopted
 - A Performance Management framework adopted
 - QI Plan and QI Policy (in draft)
- ADHS created an ‘Introduction to QI’ training for all staff (final edits are underway). An advanced QI training is in development. The trainings focus on performance management and are designed to improve and enhance workforce knowledge and productivity. Implementation is scheduled to begin in 2012.
- ADHS adopted procedures to provide guidance and coordination to expedite the process for maintaining policies, initiating new policies and updating current policies.

Does your agency intend to apply for PHAB accreditation? If so, do you intend to apply within the next year, two years, or 3-5 years?

ADHS is preparing to apply for accreditation in 2013.

PROPOSED SCOPE OF PROJECTS

Will you be implementing one, two or three QI projects? If conducting a joint project please identify which program areas are being combined.

The QI project will be a joint project integrating maternal and child health, chronic disease and environmental health.

Please respond to the questions below for each of the projects you intend to implement. Applicants proposing more than one project will need to copy the questions below into the “Project 2 and/or Project 3” cells.

Project 1

1. Describe current QI activity in your program area(s) including processes, tools and/or method and describe how agency staff are involved in these efforts.

Maternal and Child Health (MCH)

The Bureau of Women’s and Children’s Health (BWCH) administers the Title V Maternal and Child Health Block Grant and conducts a five year needs assessment as a requirement of the grant. Epidemiologists within the bureau take the lead on the assessment process. The needs assessment consists of data obtained from Vital Statistics, the Behavioral Risk Factor Surveillance System and Hospital Discharge data, as well as stakeholder input obtained during community town halls across the state. The BWCH strategic plan is based on the priority areas identified in the needs assessment and funding decisions are based on the priority areas. The various programs within BWCH typically conduct QI activities on a more

informal basis by collecting data from contractors, conducting site visits, assessing whether program goals and objectives are being met and revising policies and procedures as needed. The BWCH was recently awarded two Maternal, Infant and Early Childhood Home Visitation Program (MIECHVP) grants from Health Resources and Services Administration (HRSA) and a formal QI plan was developed to ensure services are provided with fidelity to the model in a cost efficient manner. The QI plan includes the creation of a MIECHVP Continuous Quality Improvement (CQI) Team. The Team will be charged with establishing measurable objectives based upon established benchmarks and constructs, and developing and updating the QI plan to ensure inclusion and expansion of fidelity indicators as the CQI process matures. In addition, the Team will identify indicators of quality on a priority basis, review regular reports which summarize performance on the key indicators associated with processes and outcomes and provide input as needed on improvements that may be made through the use of process improvement and performance tools. The QI plan also includes the development of a coordinated data system, input from stakeholders and BWCH internal QI assessment processes.

Chronic Disease (CD)

The Bureau of Tobacco and Chronic Disease (BTCD) administers the prevention, education and cessation programs for tobacco and chronic disease funded by voter-approved and voter-protected tax on the sale of tobacco products and federal funds provided through the Centers for Disease Control & Prevention (CDC) and the Administration on Aging (AoA). The ASHLine and Stanford Chronic Disease Self-Management Program (CDSMP) are two major initiatives within BTCD and each of these programs utilize QI processes. The ASHLine is a proactive tobacco quitline that provides telephone counseling, internet cessation counseling and nicotine replacement therapy for adults in Arizona. BTCD collects data from both programs as a foundation for conducting QI. The University of Arizona (UA) is contracted to operate the ASHLine and assess process and outcome data. The UA developed a QI plan for the ASHLine that include maintaining and updating data collection systems to capture and support all protocol and program elements, including external referral, to increase the ASHLine's ability to report on program demographics, service utilization and program successes. This information is reviewed on an ongoing basis to identify and address ASHLine successes and challenges in a timely and efficient manner and to update program implementation & referral plans based on outcomes. In addition, the ASHLine program is closely involved with the North American Quitline Consortium (NAQC) and its' advisory board, particularly in the development of new research on QI within quitlines. The NAQC is a vital link to best practices through an international network of quitline researchers and professionals. The Bureau Chief for the BTCD serves on the board of directors for NAQC.

The CDSMP program is coordinated by the Arizona Living Well Institute (AZLWI) and is a state-wide public-private partnership, created to develop an efficient and effective system of delivery for the CDSMP workshops across Arizona. A CQI model is incorporated into the Stanford Chronic Disease Self-Management data collection process, and outcome measures are tracked at appropriate intervals to monitor for fidelity and client health status.

Lastly, the BTCD received a Chronic Disease Prevention and Health Promotion grant from the CDC that will allow ADHS to increase coordination and collaboration on evidence based interventions addressing the leading causes of chronic disease in Arizona – heart disease, cancer, pulmonary disease, stroke and diabetes. One of the workgroups to be established as a part of the grant will focus on evaluation of specific program activities. The BTCD is in the process of developing those activities based on data, input from stakeholders, evidence based practices and stakeholder capacity. QI processes will be utilized throughout the three years of the grant.



Environmental Health (EH)

The Office of Environmental Health Services (OEHS) within the Bureau of Epidemiology and Disease Control received a grant from the CDC that will allow the implementation of a Healthy Homes and Lead Poisoning Prevention Program. The primary goal of the program will be to improve the health of high risk populations by decreasing housing related hazards. The program action plan includes the development of a home screening tool that is specific to Arizona housing related health hazards, a training component to ensure partners are trained on the use of the home screening tool and the development of a referral resource guide for partners needing to make referrals. This action plan also provides guidelines for conducting a needs assessment, creating a comprehensive communication network among stakeholders and developing a qualitative and quantitative pre and post test to determine the effectiveness of the program. Results from all data collection methods will be presented to an evaluation committee who will use data to inform strategic planning, to update work plans and to integrate changes into future activities to improve effectiveness, efficiency and quality. The Healthy Homes Program is in the early stages of implementation. The RFA provides a unique opportunity for the Health Homes Program to integrate QI processes as they develop a screening tool and train partners who will be utilizing the home screening tool.

Other QI activities within OEHS are implemented in both the Extreme Weather and Public Health Program, as well as the Environmental Toxicology Program. The Extreme Weather and Public Health Program completed a needs assessment with school nurses to evaluate the capabilities of schools to implement safety procedures in response to a heat advisory or extreme weather event. A video was created for viewing by school students, and a pre and post test administered to assess whether the students are able to identify how they would modify their physical activity levels when a heat advisory or extreme weather event is publicized. The results of the pre and post tests are analyzed to determine the effectiveness of educational materials and materials are revised as needed. The program also examines the adaptation capacity to extreme weather events within ADHS as well as with other state and local government agencies. The Environmental Toxicology Program assists communities in understanding potential public health effects from known or suspected environmental exposures. Questionnaires are developed for the community to evaluate the impact a public health evaluation has on the community and health education is provided to educate and assist the communities. This RFA will be an opportunity to integrate additional activities throughout OEHS.

One of the greatest strengths of the RFA is that we will braid together the expertise, resources and local partnerships developed by three well established program areas. Each of the three program areas, MCH, CD and EH, research and compile population health statistics and trends/issues for the purposes of informing program strategy and design and educating the public and policy makers. In addition, all program areas work with community stakeholders to identify local public issues and obtain consensus regarding evidence based approaches for addressing respective health issues. Program managers and epidemiologists work within their bureaus/offices to develop QI processes, create data collection forms, monitor for fidelity, assess program process and outcome measures, communicate with stakeholders and implement program improvements as needed. This Initiative will facilitate staff training in different divisions and bureaus on QI processes and support the department's current PHAB accreditation preparation plans.

2. What is the current state of the program operation, service or outcome you would like to address through this project?

At this time, various ADHS home visitation programs use different formats to capture information

regarding eligibility criteria, demographic data, services provided during the visit and safe home assessment tools.

MCH

Within BWCH a number of home visiting assessment tools are utilized. The Health Start program and the Community Health Nursing component of the High Risk Perinatal Program (HRPP) use a home safety assessment tool titled “Arizona Safe Home/Safe Child Checklist.” This tool consists of 50 questions and collects environmental safety information that is specific to areas of the kitchen, bathroom, child’s area and general safety. Community Health Workers and Community Health Nurses use the tool as a guide for providing safety education to their clients. This tool was developed in 2004 by a Pima County Health Department employee; the assessment is conducted when eligible infants are beginning to crawl .i.e., 4-5 months old. Health Start home visitors are encouraged to conduct the home safety assessment at earlier points of their case management if they observe a safety issue and to use the tool as an educational guide. BWCH also supports implementation of the Healthy Families and Nurse Family Partnership programs in high risk communities across Arizona. Each of these intervention programs requires the use of specific screening and data collection forms. The Healthy Families data collection forms consist of 7 questions related to smoke detectors, poisons/chemicals, knives, firearms and supervision around water. The Nurse Family Partnership Program does not screen for home safety concerns.

Staff providing home visitation services for BWCH programs described above range from promotoras, community health workers whose educational attainment ranges from 5th grade to bachelor’s degrees, to registered nurses. Consequently, not all home visitors are appropriately trained on environmental health issues or on the referral process. BWCH staff who are responsible for management and oversight of the Health Start and HRPP Community Health Nursing Programs conduct training on the Arizona Safe Home/Safe Child Checklist. While BWCH provides financial support for specific Healthy Family sites, administration of this program rests with the Arizona Department of Economic Security (DES) including training on use of their required forms. Therefore, environmental health issues have not been incorporated into the DES training.

CD

BTCD does not fund home visitation programs, however, they are an important resource when home visitors encounter clients and family members who have been diagnosed with a chronic disease, at risk of developing a chronic disease, or use tobacco. At this time, Health Start and Community Health Nursing home visitors conduct inter-conception education and make referrals to the ASHLine if a baby is exposed to smoking. Given the ongoing relationship between home visitors and the client, there are additional opportunities for the home visitors to be more efficient and holistic in their approach to a family’s health, and when appropriate to effectively make referrals to resources for tobacco prevention and cessation as well as chronic disease self-management programs. BTCD developed robust referral networks in the past for both CDSMP and ASHLine and will incorporate home health referral training into its existing activities.

EH

The OEH Healthy Homes grant activities include the establishment of an advisory committee to bring together strategic partners to address housing related health hazards in targeted communities, the use of a home assessment tool by grant partners for home inspections and the purchase of a surveillance database system for monitoring blood lead levels. The grant partners include housing, health and community organizations. Once a home assessment tool is developed, partner agencies that conduct home visits will be trained on the use of the tool and be provided with resources for referrals to address

identified home health hazards.

3. What is the issue you seek to improve using QI tools and processes? Why is this issue important for you to address through QI?

Multiple agency programs such as ADHS, First Things First, Arizona Department of Education Head Start and DES provide financial and administrative oversight for a growing number of home visitation programs that employ various home safety screening tools. The amount and type of data collected by these agencies is inconsistent and is housed in different data bases, thus preventing a means of conducting a comprehensive assessment of home health hazards. Equally, if not more important, is the varying knowledge level of home visitors regarding home safety issues or in the case of Healthy Home inspectors, knowledge of resources to assist with improving family health. As a result of inconsistent program methodologies, opportunities to link families with appropriate services are often missed.

This QI project will initiate a systems management approach to ADHS home visitation programs by integrating the components of systems management with QI techniques to improve home visitation service delivery and the referral process. This coordinated approach to CQI builds on the strengths of BWCH, BTCDC, and OEH and external stakeholders to create a common dialogue and common vision. The goal of this project is to encompass activities that focus on improved customer service, improved efficiency in delivery of services and outcomes, and improved staff QI skills. By eliminating inefficiency and redundancy, ADHS will achieve better return on investments, reduce duplication and obtain a better understanding of the systems management approach and CQI methods. In addition, promotion of the life course perspective to social determinates of health along with integration of services, this project will bring nontraditional partners together and provide a framework for focusing on outcomes that will reduce exposure to conditions leading to chronic diseases and improve the general health status of mothers, children and their families.

4. What information was used to determine the need for the QI project? What is believed to be the root cause of the issue you intend to address?

In 2008, the BWCH convened an internal Zero to Five Workgroup. The mission of the workgroup is to coordinate programs and services offered by ADHS around infants and young children by identifying commonalities as well as areas where collaboration will strengthen the efforts of the separate programs. One of the projects recommended is the development of a standard home safety assessment tool. This grant would allow the project to be completed in an efficient and effective manner and will serve as a QI model for future program coordination and integration. Categorical programs are typically implemented in silos and screening forms are developed to address the specific data collection needs of a specific program. This isolated approach to program service development and delivery results in limited collaboration and integration of related health concerns, such as tobacco use or chronic disease self-management. In addition, home visitors receive training on topics that relate to the intended goal of their respective programs and are knowledgeable about local resources for specific services. At this time, a home visitor focused on a child's development and environmental safety may not be aware of available resources for addressing evidence of mold or lead in the home. A home visitor for the Healthy Homes program may notice poor parenting skills being exhibited but may not know that they could refer to a home visitation program and which program the family may be qualify.

5. What will be the goal of improvement in this area or process (e.g., effectiveness of outcome, efficiency of service)?



To develop a model system of coordination across MCH, CD and EH to improve training, assessments and data collection for home visitation programs.

6. Describe the benefits expected from completing this project (benefit either to external customers or internally to agency staff) and identify potential measure(s) of performance and target(s) for at least one of the following:
- a. Customers
 - b. State health agency (efficiency in delivering a service or outcome, budget, finances)
 - c. Agency staff (level of involvement, improvement of skills)

Who Benefits?	How do they benefit?	What is Measured?	How is it Measured?	What is the Target?
Customers	Receive comprehensive home assessment, education and referrals that cover all three program areas	# of intra-agency programs represented during a home visit	Data collected on the # of applicable services/referrals provided	A holistic process for conducting home visiting assessments, and providing educational materials and referrals
State Health Agency	Efficiency in delivery assessments in the home	Reduction in number of different assessment tools utilized	# of assessment tools utilized pre and post implementation of QI project	One standardized home safety assessment
State Agency Staff	Gain skills in quality improvement processes	Knowledge and skills in QI process	Self-report of knowledge and skills regarding QI processes	At least three different areas of Public Health become leaders in QI processes

7. Describe your HD’s staff capacity to take on this project including FTEs and their roles, other funding or resources your agency will devote to this effort.

With support from Senior Management, this project will engage the Public Health Assistant Directors for Prevention and Preparedness, the MEP PIM and Strategic Development Specialist (SDS), the Office Chiefs from MCH, CD and EH, the Healthy Homes Program Manager, and Home Visiting Program Managers. Resources from the various home visitation programs, and chronic disease will be utilized as needed for different elements of the project. MCH will allocate resources from the approximately \$17.5 million in funds currently supporting the various home visitation programs.

BTCD will commit various epidemiology staff as needed to help develop the robust referral, training and evaluation components needed to ensure success. As previously shared, ADHS was recently awarded the CDC Chronic Disease Prevention and Health Promotion grant; to assist state health departments increase coordination and collaboration on efforts impacting chronic disease. Included with this grant is funding for evaluation of collaborative activities within ADHS. If awarded this RFA, the project would present an ideal opportunity for ADHS to leverage those CDC dollars to evaluate ADHS internal

collaboration effectiveness and efficiency.

ADHS staff anticipates and are committed to devoting a significant amount of time and resources to this project. The following lists' ADHS staff positions, project responsibility (if applicable), and average percent of time that will be devoted this is project:

- Assistant Director of Public Health Prevention, Project Team Lead - 10%.
- Office Chiefs from each of the project areas, Program Team Leads - 12.5%.
- MEP PIM and SDS, provide assistance and guidance to the Team - 5%.
- Deputy Director for Planning and Operations, provide oversight and guidance to the Team - 5%.
- Community Liaison for the local health departments, facilitate communication with county health officers about the project activities and enlist their involvement in the project as appropriate - 5%.
- ITS staff, provide assistance with website modifications and data integrity as need - 5%.

The remainder of the Team will allocate their time as deemed necessary to successfully accomplish the project goals and objectives. Funding to support these positions varies and includes state and federal funds. The funds currently used to support programs within the three project areas will be leveraged to increase efficiency and effectiveness of home visitation programs through improved coordination.

8. How does this project align with your agency's overall QI plan and/or performance management system?

The ADHS 2012 QI plan (in draft) establishes guidelines and procedures to enhance QI activities throughout ADHS. Central to the QI Plan is the convergence of a Performance Management System and Continuous Quality Improvement (CQI) by targeting department-level as well as program-level activities, performance, and outcomes.

This project will be guided by the QI Council who is charged with carrying out all QI efforts, and aligns with two (2) of the QI activities integrated in the QI Plan: Performance Measures and Performance Improvement Projects (PIPs).

Performance Measures. Performance measures are determined by the QI Council and are directly linked to Strategic Map objectives. This project is linked to two (2) Strategic Map objectives.

- **Prioritize and Address Quality of Care Issues and Public Health Risks.** This project will integrate and coordinate the various home visiting programs that employ home safety screening tools. Subsequently, improve coordination of services between ADHS programs and home visiting programs regarding environmental issues, factors that contribute to chronic disease, and early childhood health and development.
- **Strengthen Existing Public Health Partnerships.** This project will build upon existing community partnerships to gain community support and focus on community needs in order to improve the assessment data collection and maximize the referral process.

PIPs. ADHS adopted the Plan Do Check Act (PDCA) model as the foundation for quality improvement within the agency, and the framework for PIPs including this project. The PDCA cycle embraces CQI and provides a strategic and uniform method for planning, implementing, reporting and documenting change. This project will incorporate the PDCA approach to quality improvement methods and techniques, development of specific measurements and identification of appropriate evaluation techniques.

The PDCA model involves a team approach to problem solving. This project will involve an interdisciplinary partnership of ADHS bureaus, external stakeholders and community members. ADHS

staff selected to participant will include office chiefs, program specialists and support staff from both the Divisions of Public Health Prevention and Preparedness. Another key step in the development of this project is the team charter. ADHS adopted a team charter format that will be established at the onset to provide focus and clarity to the team effort.

A communication plan is vital to the success of a PIP. The team lead is a member of the QI Council and will provide updates on a regular basis to report on the progress of the project. Upon completion of the project the PIP team will provide a final report. The report will highlight the solutions/interventions identified and implemented, data analysis/findings, lessons learned, and in what ways the data/findings can be used to improve future projects.

9. How does this project align with the PHAB standards/measures, including those in Domain 9? *Note: Performing QI may assist the health department in meeting PHAB Standard 9.2 (Develop and Implement Quality Improvement Processes integrated into organizations practice, programs, processes, and interventions), but your QI project may relate to specific other PHAB standard as well. Refer to the [PHAB standards and measures Version 1.0](#) located on the PHAB Website.*

This project aligns with PHAB standards 3.1, 7.2, 9.1 and 9.2.

Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Through integration of home visiting programs information concerning health risks, healthy behaviors, disease prevention and wellness will be assessed and addressed in a timely manner. Examples of information shared with the home visiting recipients will include tobacco use, disease/illness/injury prevention, healthy nutrition and physical activity, and lead poisoning.

Standard 7.2: Identify and implement strategies to improve access to health care services.

The home visiting programs are based on best practice and culturally competent strategies. Through the implementation of this project integration of various cultural issues specific to the target population will be identified, assessed and project interventions/strategies implemented to improve access to health care services. Examples of such services include tobacco cessation counseling, nicotine replacement therapy, and pharmaceutical through referral to the ASHLine.

Standards 9.1 and 9.2: Use a performance management system to monitor achievement of organizations objectives and develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

Implementation of this project aligns with the ADHS QI Plan and QI Policy that incorporates a performance management system and CQI. See the response to #8 for details. Also, with the development of the Home Visiting Database, ADHS will have the capacity to analysis progress of goals and objectives, and identify opportunities for improvement by collecting, monitoring and evaluating data on an ongoing basis.

10. How will you engage the agency staff outside of your program area, including leadership, the accreditation coordinator, and the PIM?

It is the intention of ADHS to create a PIP for this effort. The Project Lead, the Program Area Leads along with the PIM, who oversees the agency's Managing for Excellence Program and is the Accreditation Coordinator in the Office of the Director, will be the core members of the PIP. The rest of the team will include staff from throughout the agency and are subject matter experts, technicians and/or good resources as needed or required. Agency leadership via the Quality Improvement Council (that includes

the Deputy Director for Planning and Operations, Assistance Directors for Public Health Prevention & Preparedness, Chief Medical Officer and the Local Health Liaison) will regularly review and monitor progress of this PIP. The Deputy Director for Planning and Operations will brief the Director regularly on the status of the PIP.

11. Will you engage partners external to the health agency, e.g., local health departments, academia, voluntary organizations?

It is expected that external partners from local health departments, voluntary organizations as well as academia will be engaged in this effort. The QI team will look to the following partners for a wide variety of information on home visiting including the planning, development and implementation of identified activities. Specific partners identified include:

- The Arizona Local Health Officers Association (ALHOA). The ADHS Local Health Liaison is an integral component of partnership with the local health officers through this organization. And input from the county health departments will be vital to the success of this project.
- The Home Visiting Taskforce is led by ADHS and includes representation from other state agencies, non-profit child welfare agencies and a university. The focus of the Taskforce is to improve the system of home visiting throughout the state. One of four committees being created by the Taskforce is the Outcomes Measure Committee. The purpose of the committee is to define outcome measures and develop a CQI approach that would be applicable across home visitation programs in Arizona. MCH will be represented on the newly created committee. Other committee members will be encouraged to partner on this project in order to maximize available technical assistance and potentially adopt the same QI processes.
- The Healthy Homes Advisory Council comprised of members representing a wide landscape of health and housing organizations throughout the state. Membership includes the Maricopa County Asthma Coalition, the UA Cooperative Extension, Lead Hazard Control programs from the cities of Phoenix and Tucson, Head Start programs, the Phoenix Children's Hospital, weatherization firms, the Arizona Department of Housing, the City of Phoenix Fire Department, Arizona's Injury Prevention Council and community action networks.
- As previously mentioned ADHS will engage the ASHLine and AZLWI to provide further technical assistance and in-kind support including but not limited to facilitation and coordination of activities on their end, QI data, and training to home health workers.
- The UA College of Public Health and the Arizona Public Health Training Center (AzPHTC) which is one of 37 Public Health Training Centers in the nation. ADHS has an active, long and mutually beneficial partnership with UA and will engage the center in this project as a training partner for ADHS and external agency staff. Noteworthy to this funding opportunity is the UA can serve as a training partner for ADHS and external agency staff.

12. How will you share updates about this project with internal and external partners?

A variety of mechanisms will be used to share updates about the project, including the ADHS Director's Blog, bureau newsletters and blogs, internal "Lunch and Learn" sessions and appropriate stakeholder meetings and special presentations. Specifically, ADHS staff will identify opportunities to present on the project process and outcomes at the Arizona Public Health Association (AzPHA) Annual Conference, the Annual Rural Health Conference as well as at monthly meetings of ALHOA and the Arizona County Directors of Environmental Health Association (ACDEHSA). The program lead for chronic disease is also the current Vice President of AzPHA and is charged with planning the annual conference. The PIM maintains active participation with the PI Network and will share lessons learned as well as present to



the network formally and informally. Among key internal and external partners, including those responsible for implementing the project, ADHS will utilize its SharePoint resources to help facilitate the management of activities.

13. If this is a joint-program project, please describe the roles of each of the program leads and how you will work together to ensure the success of the project.

The project lead will engage the Office Chiefs from each of the respective program areas (MCH, CD and HE) as active members of a collaborative QI Team. Braiding resources together from each program area will reduce duplication of efforts, strengthen program operations, and facilitate stronger, more effective program output. Each of the program leads will be responsible for gathering any needed information, coordinating resources in each program area, communicating about the project within their respective bureaus, and actively participating in the QI process. The program area leads will be in regular communication and present potential barriers, challenges, successes and opportunities for analysis.

Project 2 - If needed, please describe additional projects by responding to the questions above and inserting responses here: NA

Project 3 - If needed, please describe additional projects by responding to the questions above and inserting responses here: NA

QI SUSTAINABILITY

RWJF and ASTHO are providing this opportunity as a means to increase QI capacity in state health agency programs and support readiness for PHAB accreditation, which is based on a platform of continuous quality improvement. While funding and support for this effort is intended to produce specific deliverables and results, please describe how QI capacity building and PHAB accreditation work funded by this award will continue beyond the project period (ending November 30, 2013).

As ADHS builds the QI skills of key public health leadership through this effort, the skills will be applied well beyond the project period and utilized in various agency wide and programmatic initiatives. This project will provide ADHS staff with additional training and hands on experience that will enable them to embed QI processes into daily operations and programmatic policies and procedures. In addition, the project will serve as a model of an early success and encourage the adoption of QI tools and processes throughout the agency. One of the ADHS goals as part of the National Public Health Improvement Initiative (NPHII) grant is to develop an introduction and advanced QI training for staff and this project will serve as a primary model and reference in each of these trainings.

The PIM position is a permanent position and will be responsible for ensuring QI processes are being consistently and effectively implemented throughout the department. The PIM will also provide ongoing technical assistance to ADHS staff and each of the three program area leads will be able to provide technical assistance on QI processes to staff in their respective areas. While this project will jumpstart the department’s ability to embed QI practices throughout the entire agency, senior management has demonstrated long-term support for home visiting projects, QI and securing ongoing accreditation. Senior management views QI as an essential tool that will result in the provision of an effective, cost effective public health service delivery system that will have significant impact on the overall health status of all Arizonans.

Describe how activities of this effort will impact local/Tribal health departments in your state.

This QI project is expected to result in a streamlined assessment tool for home visiting programs for the local health departments as they carry out much of the home visiting work in Arizona. In addition, local health departments will benefit from having key ADHS leadership in various areas of public health



knowledgeable and skilled in QI techniques, as these learned skills can be applied to multiple public health programs administered in partnership with local health departments. The local and Tribal health departments will be encouraged to participate in QI training opportunities as they are developed. The White Mountain Apache Tribe will implement a 'primary practice' model of home visiting as defined by the MIECHV. Products and processes created as a result of this project has the potential for use with other home visiting services on tribal lands.

Contract funds may be used to support costs associated with participation in this project, including personnel, supplies, data collection, meeting expenses, and in-state travel as consistent with the project outlined in the health agency's application.

Budget Request (use each line-item as applicable to your project)

The Budget for this project will be managed by the Division of Public Health Prevention.

Personnel: 26,000 (temporary, part time support staff at \$16.51/hour for 20 hours a week for 76 wks.).

Equipment/Infrastructure: \$0

Supplies: \$0

Data collection costs: \$69,000 (to support consistent data collection process and platforms, data interface, extraction, analysis and creation of a data dictionary).

Meeting expenses: \$2,500

In-state travel: \$2,500

In-kind Contributions (please specify): ADHS is contributing \$46,724 of direct and indirect costs for the project lead and the three program leads. There is an additional potential wavier of in-direct costs and participation of ADHS personnel and partners funded by other sources. Outside of the staff already identified this may also include the Deputy Director, NPHII funded positions, IT staff (data architect, web team) and the Local Health Liaison. BTCD will provide in-kind training on CDSMP and ASHLine referral to home health workers. A specific dollar amount is not available for this added value.

Other: \$5,000 costs associated with training of staff.

Budget request grand total (not to exceed \$100,000): \$100,000

APPLICATION CHECKLIST

Please ensure the following items have been completed before submitting your application:

- Responses have been provided for all application questions.
- Detailed project budget is included.
- Letter of support from the health commissioner or senior deputy.
- Letter of support from a senior leader in the Environmental agency (only if separate from the state health agency). **N/A**
- Overall project leader has been identified, including name and contact information.
- Program leads have been identified, including names and contact information.
- All three program areas – chronic disease, environmental health, and maternal and child health – have been incorporated into a QI project.

Attachment 1

**Arizona Department of Health Services
 Strategic Map: 2011-2014**

