The following information is intended to provide an overview of the performance assessment and quality improvement work in Iowa, as well as the state’s efforts as a participant in the Multi-State Learning Collaborative (MLC). The MLC is currently in its third phase – called Lead States in Public Health Quality Improvement – and is comprised of 16 states that are applying accreditation and quality improvement techniques to improve public health practice. For more information about the history and current work of the MLC, please visit: http://www.nnphi.org/mlc

OVERVIEW OF PERFORMANCE ASSESSMENT AND IMPROVEMENT SYSTEM

In 2004, the Iowa Department of Public Health (IDPH) convened a group of public health professionals representing local and state public health to address the fragmentation of the public health system in Iowa. This group, still active, is called the Work Group for Redesigning Public Health in Iowa.

The governmental public health system, the critical backbone for public health services in Iowa, became the focus of the work group. Iowa’s public health system is decentralized. Public health services are predominantly provided by local public health agencies that receive funding, programmatic support, consultation, and technical assistance from IDPH.

From fall 2005 to spring 2006, the work group and nine committees, including over 150 public health professionals, assembled to develop local standards. Their goal was to define what every Iowan should be able to expect from public health. As the work group and committees began assembling state standards they decided that any standard should be the same at both the local and state level. Thus the final version of the Iowa Public Health Standards, finalized in December 2007, have state and local criterion appearing under a common set of standards. Between 2006 and 2007 the Iowa Public Health Standards were made available for public comment three times. Each time the work group agreed to make changes based on comments received.

The local criteria are framed around what the work group considers the essential question of Redesign, “What should every Iowan expect from public health?” The state criteria were written to address the question, “What can IDPH do to support local public health in meeting the local criteria?” This approach allowed Iowa to gather information and examples from other states and national resources, and bring the information together in a way best suited to meet the needs of Iowa.

In response to concerns raised by local public health agencies, and governmental bodies about their capacity to comply with the Iowa Public Health Standards, IDPH facilitated a voluntary statewide survey that was completed by 90 of Iowa’s 99 counties in June 2007. In addition, IDPH received a state appropriation in 2007 to conduct three pilot projects to evaluate how local health agencies can work towards fully meeting the local criteria of the Iowa Public Health Standards. A competitive process was used to decide which Iowa local boards of health and their designated public health agency should receive the funding.

Iowa has experience in applying quality improvement (QI) in public health; however, as with many states, the majority of QI activities have focused on direct services and programs rather than those at the system level. The Work Group for Redesigning Public Health in Iowa believes that the development and implementation of the Iowa Public Health Standards contributes to quality improvement in public health. At the same time, it is the intent of IDPH and the work group to focus purposefully on a system level QI process as a critical component of the implementation of the standards and preparation for accreditation.

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), Iowa will prepare for national accreditation and advance QI in public health through the following work:

Preparation for Accreditation: Implementation committees to prepare Iowa for accreditation will be working throughout the three year project period to assure that Iowa’s local public health agencies and IDPH are ready to seek accreditation. A summary of the work for each of the committees is as follows (title of committee in italics):

- Increase Knowledge and Awareness of the Iowa Public Health Standards: Develop a three year education plan regarding the Iowa Public Health Standards. Update regularly.
- Metrics Development: Develop a list of tools and metrics needed to implement and measure compliance with the Iowa Public Health Standards and to deliver those tools and metrics by January 2010.
- Change Iowa Code and Iowa Administrative Code: Develop a work plan that will make recommendations for changes to Iowa’s Code and Administrative Code to support the implementation of the Iowa Public Health Standards.
- Funding: Develop a work plan that will recommend a funding request for the state legislature to support implementation of the Iowa Public Health Standards, and also provide tools for local public health agencies to use current funding to support the accreditation process.
- Prepare for and Align with Accreditation: Develop a work plan that will define Iowa’s public health accreditation process.

Results from these pilots will be available in the summer of 2008 and will be posted on the Redesigning Public Health in Iowa website. IDPH began an internal assessment of its ability to meet the state criteria in the summer of 2008. In January of 2009 a team of national public health and accreditation experts will be invited to conduct a site review and provide IDPH with a report of their findings.
and identify an accrediting body for Iowa by 2010. By early 2011, have IDPH and at least one local public health agency accredited under Iowa’s Public Health Standards. This group will also monitor the work of PHAB and the national accreditation process to assure consistency between Iowa’s system and the national system.

Iowa’s local public health agencies and IDPH employees will also receive training in QI, assessment, and evaluation, based on models previously established in the MLC. This training will help local public health agencies recognize the areas of performance that will need to be addressed in order to be prepared for accreditation under the Iowa Public Health Standards. IDPH will work closely with the College of Public Health at the University of Iowa to provide this training. One method will include the development of online training that can be delivered on the Learning Management System.

It is the intention of the Work Group to apply for equivalency from PHAB for Iowa’s accreditation system. In order to prove equivalency activities will include completing a crosswalk of the local criteria and standards developed in Iowa with the Operational Definition of a Local Health Department and the 10 Essential Services of public health. A similar crosswalk with the State National Public Health Performance Standards and the ten essential services of public health is planned for year one of the project period. Iowa will also complete crosswalks with the standards released by PHAB and provide that feedback to the PHAB Board and its committees.

**Quality Improvement Collaboratives:** Iowa will implement 2-3 collaboratives per year with 1-5 local counties participating in each collaborative. The collaboratives may last up to 18 months each. The participants will be chosen through a competitive process and Iowa will encourage multi-county applicants through additional funding opportunities. IDPH will make collaborative requirements somewhat flexible so that a few counties (at least three) could apply for a small amount of money to complete a specific activity. Or, a larger group of counties (at least five) could apply for a greater amount of funding. Collaboratives will be facilitated locally among the members; the MLC project coordinator will monitor the mini-collaboratives and provide or assure that any technical assistance needed is provided.

**Project Lead and Partners:**
The IDPH is the grantee for the current project. Key partners that have been involved in the Redesign Workgroup and participated in the development of the Iowa Public Health Standards include:

- Local Public Health/Environmental Agencies
- Iowa Public Health Association
- Iowa Environmental Health Association
- Iowa Council of Public Health Agencies
- Iowa State Board of Health
- Iowa Local Boards of Health
- Iowa Local Boards of Supervisors
- University of Iowa College of Public Health
- Des Moines University College of Health Sciences

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**ADDITIONAL RESOURCES**

Redesign Web site: http://www.idph.state.ia.us/rphi/

To see related work produced by Iowa, please visit [www.nnphi.org/ecatalog](http://www.nnphi.org/ecatalog). Under Programs select “The Multi-State Learning Collaborative.” Under States select “Iowa.” Then click the Search button.

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