To achieve the full benefits of the approach, quality improvement needs to be supported at all levels of an organization. It is our hope that, by using the ideas and tools provided in this toolkit, public health agencies of all sizes and at all levels of government can build their ability to use QI methods, and that the approach can develop and spread “from the ground up.” In addition, leaders within the agency and in state and federal government more broadly also have key roles to play in building support for QI in PHEP, and in public health practice more generally. In this chapter, we highlight some issues, lessons, and recommendations for leaders that were identified during the PREPARE collaborative.

**Actions for Senior Leaders**

To spread the use of QI in their agency, leaders can familiarize themselves with the QI approach and expand training opportunities for staff to learn QI methodology (see Box 5.1). Leaders can also emphasize the need for excellence and create an environment that rewards and sustains success in implementing QI. Providing sufficient resources (e.g., time and financial resources) is also key. Senior leaders can also facilitate the work of front-line improvement teams in many ways (see Box 5.2).
Senior leaders can also seek opportunities for their agency to participate in QI learning collaboratives, such as the PREPARE for PI collaborative. As noted by Dr. Robert Pestronk, Director of the Genesee County, Michigan, Health Department, the PREPARE collaborative provided an opportunity “to learn and apply new skills in a carefully controlled and focused setting.” Genesee began with a small group of staff who were eager to learn and apply what they learned; this group laid the foundation for QI methods to spread more widely through the department. According to Pestronk, participation in the collaborative offered “a chance for staff to assume active, participatory and leadership roles in efforts to understand and change their work.”
Support from Leadership for QI in PHEP

Box 5.1

Ideas for Spreading QI Within a Public Health Agency

- Have high expectations for improvement, while providing room to experiment and make mistakes, because mistakes are part of the QI process.
- Provide opportunities for learning QI methods while working on a high-priority improvement project—e.g., by forming or joining a QI learning collaborative.
- Link QI efforts to strategic plans for the agency.
- Make QI an integral part of agency accreditation efforts.
- Add QI theory to the curriculum for the agency's leadership training program.
- Put accessible QI information (e.g., performance data, stories from improvement teams) on the organization's Intranet so that people can read it and promote QI within.
- Provide recognition to, and incentives for, staff to engage in QI efforts.
- Use all-staff meetings to tell the stories of teams in the agency who are successfully using QI.
Support from Leadership for QI in PHEP

Box 5.2
Tips for Senior Leaders: Supporting a Quality Improvement Team

1. Visit the improvement team. Even a five-minute visit to a regular team meeting will be a great way to learn what the team is doing and show that what they are doing matters to you.

2. Support the team’s goals. Have discussions with the team about their goals, making it clear that you want them to succeed and are willing to provide resources needed for them to achieve their goals.

3. Remove obstacles to success. When you meet with the team or the team leader, ask about barriers that are impeding their progress. Devise strategies for removing these barriers and follow through.

4. Ask to be briefed monthly about team progress.
5. **Visit the site of work.** A walk-through of the work area or clinic, so that you can see what has changed, will provide tremendous encouragement to the team and to other staff.

6. **Meet with the groups supporting the team.** The QI team will need support from other divisions within and external to the health department, including information systems staff, finance staff, and surveillance, volunteer, or communications experts. Find out what these staff groups are learning from their work with the team. Ask them about resources required to connect and spread the work of the team to the rest of the organization.

7. **Promote the work.** Your discussion of this improvement effort and its importance to the mission and strategy for the organization is the best accelerator for improvement. It shows your interest and commitment, and will draw interest and support from others.
Actions for Government Leaders

QI in other sectors (such as personal health care) has been aided by a large body of work focused on understanding the structural, process, and outcomes components of quality. Public health needs a similar effort. Key activities in this effort are as follows:

Support the development of validated process and outcome measures that could be used for both improvement and accountability. Easy-to-use measures allow for frequent, repeated measurement, helping practitioners assess whether the changes they are making are leading to improvement in their desired outcomes. Developing such measures should be, at a minimum, the shared responsibility of the public health community, academia, and government. Some of the existing measures in nonemergency public health practice (e.g., chronic disease surveillance, STD prevention) could potentially be adapted for QI efforts. RAND’s approach to performance-measure development has relied on partnerships with practitioners in the field. Other recent work has focused on using an expert panel process to define PHEP and identify its key elements (Nelson et al., 2007).
Provide the right incentives. Increasing the breadth and depth of QI practices will require expectations from the highest levels that emphasize performance-based accountability and continuous improvement. Both financial and nonfinancial incentives can help make this expectation concrete. For example, the release of federal or state dollars could be tied to performance improvement or the institutionalization of certain QI practices. Alternatively, appropriation of extra funds for QI might be tied to actions deemed to be indicative of a jurisdiction’s commitment to QI (e.g., staffing decisions, release of performance-related information, and modest levels of prior investment in quality improvement). However, policymakers should carefully examine incentive schemes to ensure that they do not inappropriately punish underperforming departments and thereby leave those most in need of improvement with fewer resources to commit to such efforts (American Public Health Association [APHA], 2006).
Develop a base of expertise in QI in public health. The discipline of QI and the skills and techniques needed to pursue QI must be broadly disseminated throughout the public health community. A base of “learning organizations” and a cadre of individual QI trainers who can “speak the language” of public health practitioners is needed to spread QI in public health (Senge, 1994). In health care, the Institute for Healthcare Improvement and other related organizations have served this role, partnering with both public and private institutions for these efforts. At the moment, there is no clear public health group who can serve this role; some potential approaches include training groups through public health leadership institutes (e.g., with ASTHO [Association of State and Territorial Health Officials], NACCHO, Public Health Institutes, the Public Health Foundation, and others) and through academic institutions. HHS/Office of the Assistant Secretary of Preparedness and Response and HHS/CDC could also play a role in making the initial investment to develop this base and promoting it to health departments nationally.
Demonstrate the principles and practice of QI. A broad array of well-documented demonstrations of QI in public health could clarify how QI applies to the field. As the PREPARE experience has shown, learning collaboratives are a very promising approach to promoting QI in public health. Stories of successful improvement (from QI collaboratives or other efforts) prove that change is possible and outline what it will take to get there. More important, these examples demonstrate that QI is not an add-on to regular work but, rather, a process for improving regular work.