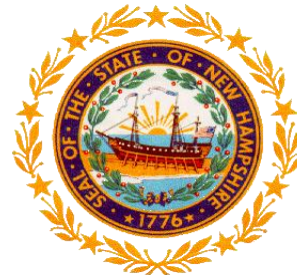


Lessons Learned: New Hampshire

MLC-3 Grantee Meeting
Kansas City, MO
February 2010



Multi-State Learning Collaborative:
**Lead States in Public Health
Quality Improvement**



Mini-collaborative Description

- Three QuILTs
 - Reducing Childhood Obesity
 - Health Improvement Planning

- Community based
 - Broad representation of community-based organizations cutting across various systems
 - Hospital – QI, education, IT
 - VNA –community educators
 - School – teachers, nurses, food service, administrators
 - Health Center- providers, administrators, community outreach
 - Recreation
 - Etc.

- Variation
 - capacity/ levels of expertise
 - degrees of cohesion among learning teams
 - levels of control of processes
 - aims

Reducing Childhood Obesity

QuILT	AIM
CCNTR	Increase % of youth receiving primary care preventive services with age/gender appropriate BMI documented in medical record at least once in the past year to 65%
LRPPH	2nd Grade Students will bring fruit and/or vegetable for snack at least 60% of the time by June, 2009
MVHI	To improve nutritional literacy & decision-making of Canaan Elementary School 4th grade students and their families.

Continuity of Membership

- Turnover of leadership
 - 2 of 3 QuILTs
- Consistent and broad meeting attendance
 - Especially challenging working with schools (teachers, principles)
 - Unable to take off during the day to attend meetings Vacations, summer vacation
 - Personal dynamics, personal histories
 - Tacit undercurrents

Understanding QI

- Varying background and expertise
 - QI vs implementation/evaluation
- Overlaying concepts/understanding of QI across systems
 - School systems v. health systems
 - No Child Left Behind

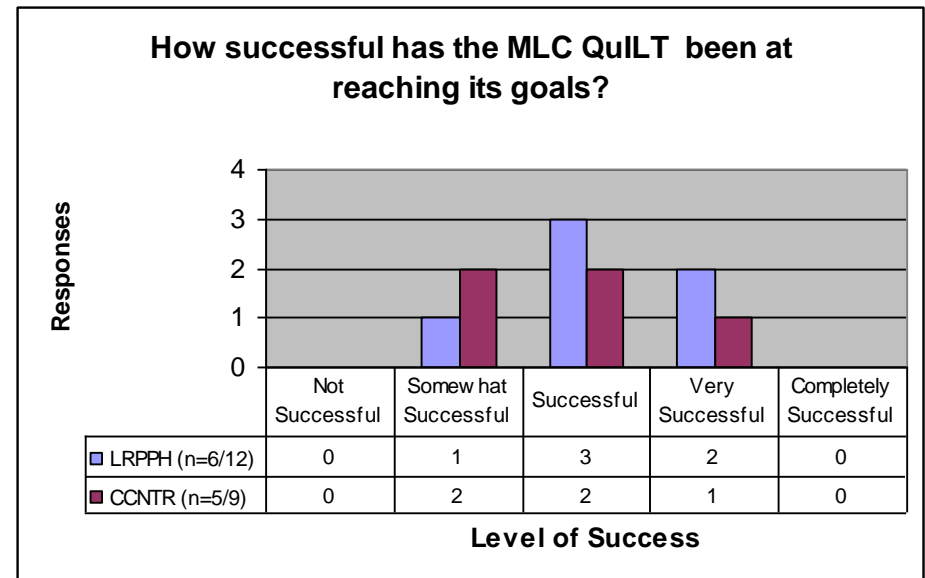
The Fundamental Value of a Champion

- Linked to continuity
- Onsite and accessible
- Highly respected by colleagues
- Steadfast commitment to the cause

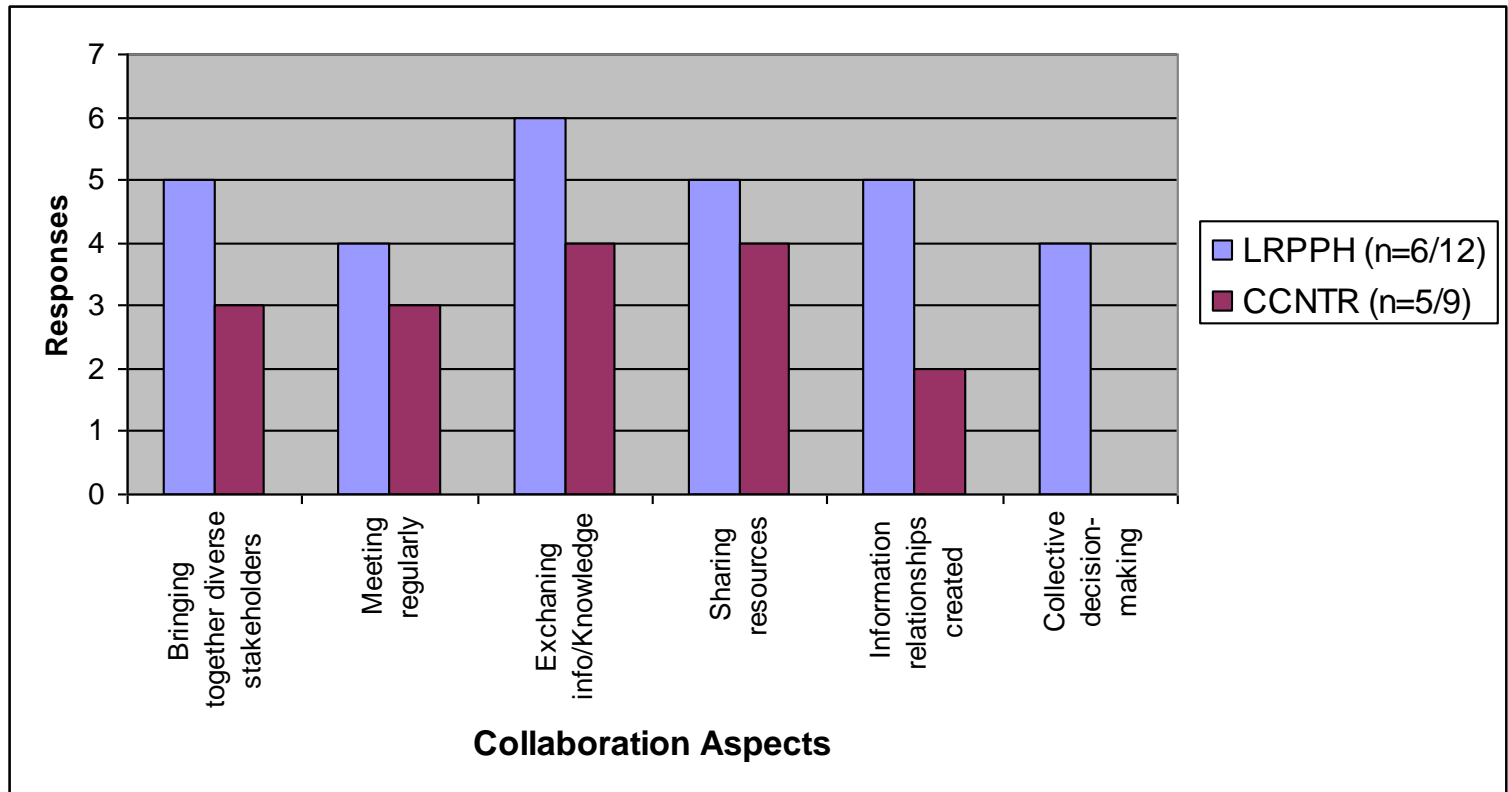


Health Improvement Planning

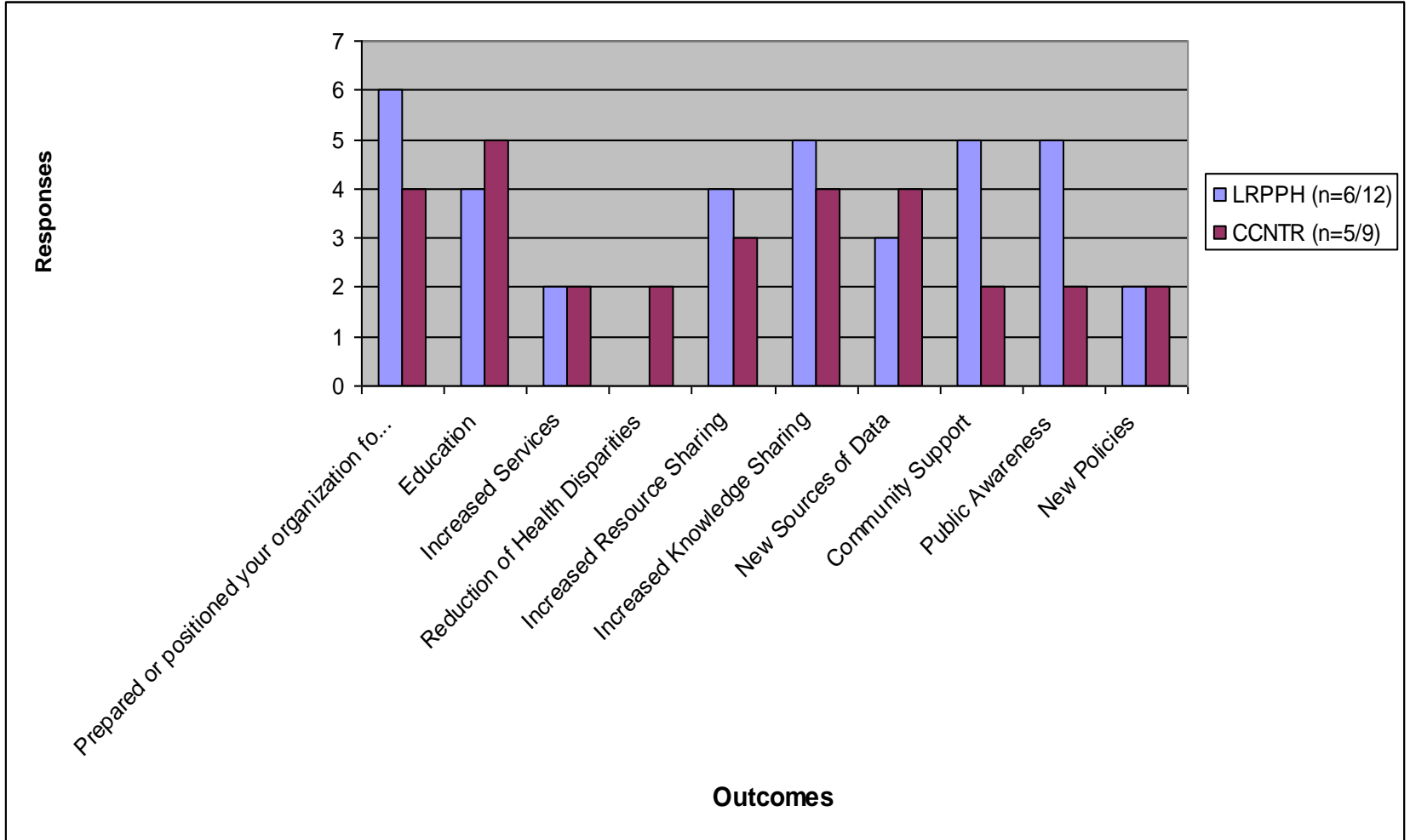
- Electronic /web-based data collection – PARTNER tool
- Time factor
 - Development of trust
 - Development of application



Aspects of Collaboration Contributing to Success



Outcomes Achieved



Most successful outcomes

- Prepared/positioned for other grants
- Increased resource sharing
- Community support

Application of Lessons Learned: Cohort 2

- Understanding QI
 - More discrete practice setting
 - More focused target
 - Explicit focus on one evidence-based practice
 - Involvement of Cohort 1 QuILTs as mentors
- Continuity of membership
 - Requirement for cross section of representation/attendance at meetings (clinical and administrative)
 - Shifting meeting/TA schedule
 - Bi-monthly meetings, with onsite TA between
- Value of a Champion
 - Involvement of Cohort 1 as mentors
- Focus on identified aspects contributing to success

As we regionalize public health in NH...

- We are aiming to move from a primarily non-profit based delivery system to one linked to government and thus are conducting a 2 part governance assessment
- It seeks to learn
 - How ready regions are to serve in an oversight/governance assessment?
 - What type of organization would best serve as the lead public health entity?

Lessons Learned

- Each region of NH is unique
- Some may move quite easily to a county-based approach to public health
- Some are very grounded in NGO approach
- Others have surprised us and said the state should be the public health entity in their region
- Many legal questions will be posed

Questions?

Lea Ayers LaFave, PhD, RN

MLC-3 Project Director
Community Health Institute/JSI
501 South Street, 2nd Floor
Bow, NH 03304
603.573.3335
llafave@jsi.com

Joan H. Ascheim, MSN

Bureau Chief
NH Division of Public Health Services
Bureau of Policy and Performance Management
Concord, NH 03301
603.271.4110
jascheim@dhhs.state.nh.us

