

Issue Brief

Using Maternal and Child Health Quality Improvement Efforts to Advance State Health Agency Accreditation

Executive Summary

The Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN), led by the National Institute for Children’s Health Quality (NICHQ) and supported by HRSA’s Maternal and Child Health Bureau (MCHB), aims to advance state efforts to reduce infant mortality rates. ASTHO partners with NICHQ and MCHB to advance CoIIN initiatives nationally.

This issue brief will illustrate how state health agencies can align their IM CoIIN work with accreditation activities, highlighting the Oklahoma State Department of Health’s efforts to incorporate IM CoIIN activities into its accreditation process through health improvement planning, collaboration with internal and external partners, and quality improvement initiatives.

Background

[IM CoIIN](#) is a multiyear, national initiative to reduce infant mortality, improve birth outcomes, and reduce disparities by fostering quality improvement, innovation, and collaborative learning among federal, state and local leaders, public and private agencies, professionals, and communities. To achieve this goal, IM CoIIN defines specific objectives and metrics, promotes evidence-based strategies, and offers tools for state teams to collect real-time data and measure their successes.¹ IM CoIIN started as a regional initiative between September 2012 to December 2013, with efforts focused in HRSA’s Regions IV and VI. Since then, IM CoIIN has expanded nationally to include 51 states and territories.²

IM CoIIN identified six strategic areas of focus (also referred to as learning networks) to reduce infant mortality and improve birth outcomes:

1. Promote pre/interconception care.
2. Prevent preterm and early-term births.
3. Ensure risk-appropriate perinatal care.
4. Advance safe sleep practices.
5. Support smoking cessation.
6. Improve social determinants of health.

IM CoIIN SIX STRATEGIC AREAS OF FOCUS

- ✓ Promote optimal women’s health before, after, and between pregnancies, and during postpartum and adolescent visits.
- ✓ Prevent births before 39 weeks and increase access to progesterone.
- ✓ Increase the delivery of higher risk infants and mothers at appropriate level facilities.
- ✓ Improve safe sleep practices.
- ✓ Reduce smoking before, during, and after pregnancy.
- ✓ Incorporate evidence-based policies/programs and place-based strategies to improve social determinants of health and equity in birth outcomes.

IM CoIIN initiatives are intended to focus and complement existing state-based maternal and child health programs. State health agencies have an opportunity to leverage this work to support accreditation efforts.

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The Public Health Accreditation Board (PHAB) launched the national public health department accreditation process for state, local, and tribal health departments in September 2011. Accreditation involves adopting a set of standards, developing a process to measure health departments' performance against those standards, and recognizing those who meet them.³ State health agencies seeking accreditation must demonstrate conformity with [PHAB Standards and Measures](#), which align with the [three Core Functions of Public Health](#) and the [10 Essential Public Health Services](#). Accreditation allows health departments to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community.⁴

The purpose of accreditation is not to change the work already taking place within state health agencies. Rather, accreditation provides the means by which state health agencies can build upon and improve their work to more effectively serve the people in their jurisdictions. According to the PHAB, "accreditation provides standards that health departments can seek to meet in order to ensure that they are continuously improving as they work to keep their communities healthy."⁵ The Oklahoma State Department of Health (OSDH) was one of the first states to become accredited in 2013. Programmatic and performance staff worked together to align maternal and child health activities, specifically IM CoIIN activities, with the department's accreditation efforts.

"Accreditation provides standards that health departments can seek to meet in order to ensure they are continuously improving as they work to keep their communities healthy." – Public Health Accreditation Board

Case Study: The Oklahoma State Department of Health

OSDH utilized its IM CoIIN activities to demonstrate that the department met the standards and measures required to become accredited. From 2012 to 2014, OSDH's IM CoIIN work focused on reducing prematurity and smoking during pregnancy, along with improving preconception health and increasing safe sleep environments. Beginning in 2015, its focus expanded to include addressing the social determinants of health. OSDH began preparing for accreditation in 2010; it started the process in late 2011 and became accredited in 2013.⁶

The Title V Maternal and Child Health Director, overseeing IM CoIIN work, and the Director for the Office of Performance Management, overseeing accreditation, worked together on prior projects and saw value in aligning quality improvement efforts to achieve mutual goals. As a result, OSDH's CoIIN work informed its accreditation efforts.⁷ In addition, motivated by the emphasis on quality improvement within accreditation, OSDH made data-driven, evidence-based changes to the state's selected CoIIN strategies to better address the health needs of communities served by the maternal and child health program. OSDH tied its IM CoIIN work to three major components of accreditation: health improvement planning, collaboration and community engagement, and quality improvement.

Health Improvement Planning

State health agencies are required to develop a State Health Improvement Plan (SHIP) for accreditation. The SHIP is a long-term, systematic plan to address the public health issues identified in a state health assessment.⁸ SHIPs address the highest health priorities of a state's population. These priorities cover a

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variety of public health issues, such as access to healthcare, infant mortality, obesity, and tobacco use prevention. A state’s SHIP reflects the public health system, demographics, and community makeup of its unique jurisdiction. Therefore, the health priorities vary from state to state.

The purpose of the SHIP is to describe how the health agency and the community it serves will work together to improve the health of the population within its jurisdiction.⁹ Community members, stakeholders, and partners use the SHIP to set priorities, direct the use of resources, set timelines, and develop and implement projects, programs, and policies.¹⁰ The SHIP extends beyond the roles and responsibilities of the health agency.¹¹ It is developed in collaboration with community partners and sets priorities for a systemwide response to the state’s public health needs.¹²

A STATE HEALTH IMPROVEMENT PLAN MUST INCLUDE:

- ✓ **Desirable, measurable outcomes of indicators of health improvement and priorities for action.**
- ✓ **Policy changes needed to accomplish health objectives.**
- ✓ **The identification of individuals and organizations that have accepted responsibility for implementing strategies.**
- ✓ **Considerations of local, tribal, and national priorities.**

In Oklahoma’s current SHIP, children’s health is one of four issues that community stakeholders identified as a priority. The SHIP has objectives and performance measures to improve maternal and infant health outcomes, including preventing premature births—one of OSDH’s IM CoIIN focus areas. OSDH seeks to increase the percentage of women who receive prenatal care in the first trimester of pregnancy, reduce the rate of preterm births (births that occur less than 37 weeks of gestation), and reduce the rate of birth for teenagers 15 to 17 years old.¹³ These goals and priorities aligned with statewide plans, OSDH’s plan for accreditation, and programmatic grants and objectives.¹⁴

Maternal and child health subject matter experts, stakeholders, and representatives from the community came together to implement specific interventions from the SHIP with the goal of improving the health of all moms, babies, children, and families in Oklahoma. Through the [Preparing for a Lifetime, It’s Everyone’s Responsibility](#) campaign, OSDH collaborated with external partners, as well as county and local health departments, to reduce infant mortality and other adverse birth outcomes. This initiative addresses health issues related to safe sleep, injury prevention, prematurity, preconception, maternal mood disorders, smoking during pregnancy, and breastfeeding. In collaboration with external partners, OSDH disseminates resources and educational materials, maintains a comprehensive toolkit, engages in hospital-based activities, and offers training for healthcare providers. In addition, OSDH provides the community with important information and data on health outcomes and suggests strategies and best practices to address them. Although the Preparing for a Lifetime campaign and accreditation preparation occurred prior to IM CoIIN work, both laid the foundation for subsequent accreditation and successful infant mortality efforts. The Oklahoma Health Improvement Plan’s Children’s Health Workgroup also brought together maternal and child health practitioners from across the state to carry out interventions to address priorities in the SHIP.¹⁵

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OSDH has found the collaboration of accreditation and maternal and child health teams beneficial to developing its SHIP and other state plans, including the strategic and quality improvement plan. By working together to incorporate IM CoIIN initiatives and identify IM CoIIN priorities, OSDH was able to align its health improvement strategies to the plans required for accreditation.¹⁶ As a result, the accreditation process became easier, implementation of initiatives related to IM CoIIN became more efficient, duplicative efforts across programs were reduced, and staff were more supportive of contributing to both IM CoIIN work and accreditation efforts.

Collaboration and Community Engagement

Collaboration is not only an intended benefit, but also a major requirement for PHAB accreditation. One of the major principles used to develop, revise, and adopt the Standards and Measures was to promote effective internal and external collaborative partnerships.¹⁷ As a result, a number of PHAB Standards and Measures address collaboration among public health system partners, public health stakeholders, and the community, either as the primary focus or as a component of the standard and measure. Cooperative learning is a key tenet of the IM CoIIN. Through the collaborative learning process, participants with collective vision share ideas, best practices, and lessons learned, and track their progress toward similar benchmarks.

Collaboration with members of the public health system and the community encourages shared responsibility and leads to new and effective ways to coordinate the use of resources. Collaboration allows the community's assets to be mobilized, coordinated, and used in creative ways for increased community efficacy in addressing public health issues and concerns.¹⁸ Community engagement also strengthens social cohesion, builds social capital, establishes trust, ensures accountability, and fosters resilience.¹⁹ Collaboration provides state health agencies with various perspectives and additional expertise.²⁰ For this reason, state health agencies should invite diverse groups of partners and stakeholders to be part of program and accreditation planning processes.

OKLAHOMA'S PARTNERS TO ADDRESS INFANT MORTALITY AND STATEWIDE HEALTH IMPROVEMENT

- ✓ **Businesses and corporations**
- ✓ **Faith based organizations**
- ✓ **Medical associations**
- ✓ **Non-governmental organizations**
- ✓ **State government agencies**
- ✓ **Tribes and tribal boards**
- ✓ **Universities**
- ✓ **Medicaid**
- ✓ **Hospitals**
- ✓ **Physician groups**

OSDH worked closely with internal and external partners to develop the SHIP and determine the priorities that would be incorporated in the plan. Partners in this effort included: tribes, tribal boards, universities, non-governmental organizations, physician groups, Medicaid, hospitals, medical associations, faith-based organizations, businesses and corporations, the chamber of commerce, the department of transportation, and other government agencies. Together, OSDH and its partners assessed the health of the state's population by developing a state health assessment, as required for PHAB accreditation, and identifying priorities to be included in the SHIP. Diverse partners participated in meetings, submitted written comments, and provided comments online.²¹

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When health agencies engage with groups and individuals who work with target populations and can provide data to support specific priorities, there is a greater likelihood of identifying key maternal and child health issues that need to be addressed. Oklahoma’s Preparing for a Lifetime, SHIP, and IM CoIIN work brought the agency, its partners, and the community together to work toward common goals and objectives. OSDH collaborated with internal and external partners to implement its SHIP and conduct quality improvement activities. The department also provided education to hospital staff, community organizations, and parents on a number of evidence-based practices to improve maternal and child health. For example, OSDH collaborated with community organizations, subject matter experts, and providers to educate the community on the dangers of smoking while pregnant and how to quit; the importance of carrying a baby to full-term unless medically indicated otherwise; and ways to reduce sudden infant death syndrome and unsafe sleep. The health department developed new relationships by working with external partners. According to OSDH, maintaining and continuing to strengthen these relationships is important for continued success and improved outcomes.²²

Quality Improvement

One intended benefit of accreditation is to help health agencies identify performance and quality improvement opportunities. Accreditation provides the means by which state health agencies can build upon and improve their programmatic work to more effectively serve their populations. According to the PHAB, implementing a quality improvement program in a health agency requires applying an improvement model and using quality improvement tools and techniques to improve the public’s health. OSDH has used a number of quality improvement tools to improve the processes, practices, and programs serving the population, including Plan-Do-Study-Act cycles, the Model for Improvement, and root cause analysis.

QUALITY IMPROVEMENT: EVERY WEEK COUNTS CAMPAIGN

- ✓ **Partnered with hospitals to show impact of pre- and early-term births.**
- ✓ **Public awareness campaign to educate public on importance of full-term deliveries.**

Results:

- ✓ **Early elective deliveries reduced by 96 percent.**
- ✓ **36-38 week deliveries reduced by 19 percent.**
- ✓ **Full-term births increased by 15 percent.**

In 2014, the Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) brought together physician groups, Medicaid representatives, and hospitals to accomplish interventions in the healthcare sector. The [Every Week Counts](#) campaign, a quality improvement effort with the goal of reducing early elective deliveries, was the result of IM CoIIN work, the Preparing for a Lifetime campaign, SHIP efforts, and OPQIC. In 2011, when this work began, there were over eight early elective deliveries a day in Oklahoma. To address this issue, OSDH worked with hospitals to show the impact of pre- and early-term births, introducing policies designed to promote full-term deliveries as optimal for infant health. OSDH also partnered with hospitals to initiate a public awareness campaign to educate the public through TV and radio ads about the health consequences of non-medically indicated scheduled deliveries prior to 39 weeks. By 2014, Oklahoma saw a 96 percent reduction in early elective deliveries (reduced to one delivery every three and a half days); 36-38 week deliveries were reduced by 19 percent and full-term births increased by 15 percent.²³

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OSDH has also used quality improvement efforts to address safe sleep priorities that align with IM CoIIN focus areas. The department again used a policy approach to improve safe sleep outcomes, working with birthing hospitals to provide safe sleep education, either online or in person. Prior to discharge, hospitals educate new parents on safe sleep practices and provide a sleep sack to enable families to continue these practices at home. OSDH has also introduced a crib program to provide portable play yards for families without safe sleep spaces at home. This program has been targeted to African American and American Indian families, where infant deaths are significantly higher due in part to unsafe sleep practices. Since its inception in 2013, the Oklahoma birthing hospital safe sleep program has expanded, covering over 60 percent of all infants born in Oklahoma and over 50 percent of all American Indian and African American infants born in the state.²⁴

OSDH has found that quality improvement activities are more successful when the efforts of the agency and its staff are recognized and celebrated. Creating storyboards, regularly updating staff at all levels, and sharing quality improvement initiatives and results with peers and partners outside of the agency all help to sustain this work. OSDH also observed that when planning future activities, staff are already engaged and supportive. When successes are shared, staff are aware that the department's quality improvement goals are achievable.²⁵ OSDH's quality improvement activities were also used to demonstrate its conformity with the PHAB standards and measures relating to quality improvement. OSDH used annual reports measuring progress and storyboards highlighting quality improvement successes as documentation to achieve accreditation.

LESSONS LEARNED

- ✓ **Engage and collaborate with diverse partners and stakeholders to identify priorities and implement strategies.**
- ✓ **Measure for impact: you may need to adjust interventions that are not working.**
- ✓ **Integrate priorities and interventions in all state plans and align them to make your work more effective and get staff buy-in.**
- ✓ **Highlight and share the successes of quality improvement initiatives.**

Conclusion

PHAB accreditation is not intended to overhaul the work taking place within a health agency's programmatic areas. Rather, PHAB accreditation provides the tools and processes to allow health agencies to build upon and maximize the effectiveness of strategies and initiatives already taking place. The Oklahoma State Department of Health's efforts demonstrate how states can use the accreditation process to improve infant health outcomes. By engaging maternal and child health partners, both inside and outside of the agency, health departments can accurately assess the health needs of targeted populations (i.e., mothers, infants, and children), set priorities, and implement strategies to address them. In addition, accreditation's focus on quality improvement provides an opportunity for health departments to assess and measure the impact of maternal and child health initiatives on the health outcomes of these targeted populations. State health agencies can use accreditation requirements to elevate and leverage IM CoIIN work across the state.

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Tools and Resources

- [Healthy Oklahoma 2020](#)
- [Oklahoma Preparing for a Lifetime Initiative](#)
- [Oklahoma Perinatal Quality Improvement Collaborative](#)
- [ASTHO's Maternal and Child Health Website](#)
- [ASTHO's Accreditation and Performance Resources](#)
- [NICHQ CoIIN Webpage](#)
- [NICHQ Quality Improvement 101](#)

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¹ Health Resources and Services Administration. "Collaborative Improvement & Innovation Networks (CoIINs)." Available at <http://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins>. Accessed October 28, 2016.

² National Institute for Children's Health Quality. "Collaborative Improvement Innovation Network to Reduce Infant Mortality (IM CoIIN)." Available at <http://www.nichq.org/childrens-health/infant-health/coiin-to-reduce-infant-mortality>. Accessed October 28, 2016.

³ Public Health Accreditation Board. "Guide to National Public Health Department Initial Accreditation." June 2015. Page 1.

⁴ Public Health Accreditation Board, page 3.

⁵ Id. at 1.

⁶ Joyce Marshall, Oklahoma State Interview, June 30, 2016.

⁷ Joyce Marshall, Oklahoma State Interview.

⁸ PHAB Standards and Measures Version 1.5, page 129.

⁹ Id. at 129.

¹⁰ Id.

¹¹ Id.

¹² Id.

¹³ The Oklahoma State Department of Health. "Healthy Oklahoma 2020." February 2015. Page 35.

¹⁴ Oklahoma State Interview.

¹⁵ Id.

¹⁶ Id.

¹⁷ Public Health Accreditation Board, page 4.

¹⁸ PHAB Standards and Measures, page 115.

¹⁹ Id. at 116.

²⁰ Id. at 115.

²¹ Oklahoma State Interview.

²² Id.

²³ Oklahoma State Interview.

²⁴ Id.

²⁵ Id.