



REQUEST FOR APPLICATIONS (RFA)
National Demonstration Initiative on Quality Improvement (QI)
In State Public Health Programs

On December 19th at 1:00 PM ET, ASTHO will host a teleconference regarding this funding opportunity. Call in information: 1-877-987-2937, Participant passcode: 7967280

Background

The National Demonstration Initiative on Quality Improvement (QI) in State Public Health Programs is a call for funding combined with expert consulting for QI projects in the three major program areas: Chronic Disease (CD), Maternal and Child Health (MCH), and Environmental Health (EH) and is intended as a means to increase QI capacity in state health agency programs and support readiness for PHAB accreditation. Quality improvement (QI) in public health has gained ground recently as demonstrated by programs such as the Multi-state Learning Collaborative (MLC) supported by the Robert Wood Johnson Foundation (RWJF), the Public Health Accreditation Board's (PHAB) national accreditation standards for state, local and Tribal health agencies, and the Centers for Disease Control and Prevention's (CDC) National Public Health Improvement Initiative (NPHII). These programs promote quality improvement as a driver to assure continuous improvement of effectiveness and efficiency in public health agencies. However, recent data from the September 2011 ASTHO Profile of State Public Health indicate that quality improvement efforts in state public health agencies are not yet widespread. One third of states reported having no QI framework or approach in their health agency; 42% of state health agencies reported having no staff dedicated to QI efforts; and about 85% of states reported that only 25% or fewer staff had received formal QI training.

Much of the day-to-day work conducted by public health agencies is accomplished through a variety of core public health programs designed to protect and improve the public's health, including environmental public health, maternal and child health, and chronic disease prevention programs. State EH, MCH and CD programs represent major program areas and resource investments in state public health. Data from the September 2011 ASTHO Profile of State Public Health indicate that consumer health-related programs, including MCH programs, represent the largest amount of expenditures by state public health agencies. During the development of this initiative a scan of the MLC database and other sources for examples of state public health QI in these three program areas found examples of local projects, but no state-based projects.

Purpose and Scope of Initiative (see Appendix B for Glossary)

With funding and support from the Robert Wood Johnson Foundation, this initiative is intended to increase state health agency performance and readiness for accreditation through the learning and implementation of QI methods and processes and the development of QI documentation that can be used to satisfy measures for PHAB accreditation.



The purpose of the **National Demonstration Initiative on Quality Improvement (QI) in State Public Health Programs** is to:

- Improve health impact, delivery of services, and program operations among state public health MCH, EH, and CD programs, by applying quality improvement methodology.
- Demonstrate the use of QI in MCH, EH and CD programs to develop state health agency documentation to meet PHAB measures.
- Use efficiencies resulting from QI to inform agency, program, resource, and accreditation decisions in times of shrinking state and federal budgets.

The initiative is being led by ASTHO's Performance Improvement staff in collaboration with the ASTHO Environmental Health staff and staff from the Association of Maternal and Child Health Programs (AMCHP) and the National Association of Chronic Disease Directors (NACDD). As such, the project will focus on QI in the following program areas:

- Chronic Disease Prevention (CD)
- Environmental Public Health (EH)
- Maternal and Child Health (MCH)

Over the course of 18 months, five demonstration sites will implement QI projects in their state health agency that address the three program areas described above. Applicants will self-select the issues and will describe them by responding to the application questions in this announcement.

Selected sites will receive expert support from a QI consultant expert in public health QI and a program expert from AMCHP, ASTHO, and NACDD. This team will provide guidance to sites in the development of QI projects to address the selected issues and will also support sites throughout the project period to ensure the QI projects are successfully implemented. Technical assistance will be provided through conference calls, webinars, and site visits. Additionally, sites will receive an in-person QI training of the cohort at the start of the project period and have the opportunity to engage in various learning opportunities through in-person meetings, calls, webinars and a secure on-line information exchange site with peers.

Each state must address all three program areas (CD, EH, MCH) and can do so with three separate QI projects for each area or combine two or more of the program areas into a single project, e.g.

- three separate projects (one CD, one EH, and one MCH)
- two projects - one that addresses two program areas (EH and MCH, EH and CD, or CD and MCH) and one that addresses the remaining program area (CD, or MCH, or EH respectively)
- one project that addresses all three program areas – CD, EH, and MCH

Applicants must identify the issues of need for the QI projects, provide justification of why these issues were selected, and demonstrate how funding will be used to address the selected issues. They can also build upon a state's existing performance indicators such as those reported on for Maternal and Child Health funding, the CDC's Chronic Disease Indicators, or other state/national indicators such as those identified through state's NPHII funding. Examples of indicators and issues to address through QI projects are provided below, but projects are not limited these examples:

- Internal process improvements such as improving turnaround time to get data to local health agencies, turnaround time for newborn blood tests
- Consultation to local jurisdictions
- Data and information management



- Customer service
- Indicator progress (state/county rankings)
- Workforce management and enhancement
- Policy or regulation changes
- National program indicators (e.g. MCH)
- Healthy People 2020 outcome measures
- CDC Winnable Battles
- Deployment of programs and/or funding to local jurisdictions

The demonstration project period is March 1, 2012 through September 15, 2013 and the general timeline is as follows:

February 2012	Applicants are selected and contracts are executed.
March 2012	State QI projects are refined and in-person kickoff training is held.
April 2012	Bi-Monthly, alternating conference calls and webinars, and site visits begin and continue through August 2013.
November 2012	Mid-term reports due.
September-October 2013	Project wrap-up, final reports and closing meeting.

Eligibility

The funding described in this RFA is available to all state and territorial health agencies. In order to spread QI more broadly across the states, selection preference will be given to those states that have not initiated an accreditation application process with PHAB at the time of applying for this project and to states that did not participate in the PHAB beta test or the MLC III program. However, all states and territories are eligible to apply.

Benefits/Resources

Through participation in this project, states will receive:

- Access to a QI team comprised of a QI expert consultant, a content expert (AMCHP, ASTHO-EH, and NACDD staff), and ASTHO Performance Improvement staff.
- Hands on training and coaching from the QI team through the in-person kick off training and close out meeting, individual consultations, site visits, webinars, and conference calls and access to a secure, web-based document management/sharing portal.
- Peer learning and networking opportunities.
- Invitation to participate in at least one accreditation and QI-focused Open Forum meeting hosted by the National Network of Public Health Institutes (NNPHI) as part of the Strengthening the Community of Practice for Public Health Improvement (COPPHI) initiative. NNPHI will sponsor the cost of travel, lodging, and meals to attend.



Funding

Awards up to \$100,000 will be provided for up to five health agencies to participate in this project. Applicants must designate one contact in the agency to where funding should be sent. It will be the health agency's responsibility to disseminate the funding to the appropriate program areas.

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

Application Requirements

By submitting an application, applicants agree to adhere to all project requirements and deliverables within the stated project timeframes. Applicants must:

- Complete the project application (Appendix A) and adhere to a 15-page limit.
- Submit a budget justification for activities/staff.
- Be able to comply with ASTHO's contract requirements (Appendix C) and execute a contract with ASTHO within 45 days upon notice of selection.
- Identify 1-3 issues to address through QI projects and provide a rationale for why the issue(s) were chosen
- Identify an overall project leader and program leads for each program area who have decision making authority.
- Identify and submit a letter of support from a senior leader in the agency (e.g. health commissioner) indicating support for the project and project/program leaders.
- If environmental health (or Maternal and Child Health) is external to the public health agency, an additional letter of support must also be provided by the leadership in the environmental health agency.

Requirements and Deliverables for Demonstration Sites

All agencies selected through this project will be required to:

- Address all three program areas through QI projects and develop goals, objectives and outcomes for each program area regardless of the number of projects being implemented.
- Submit mid and final project reports (templates to be provided at a later date).
- Attend in-person meetings (kickoff and closing) and participate in monthly webinars and conference calls.
- Share experiences/best practices with agency staff and leadership, as well as project staff from AMCHP, ASTHO, and NACDD. Information will also be distributed to the funder and national partners as appropriate.
- Provide feedback and suggestions on project activities as requested via questionnaires and/or interviews with ASTHO staff.
- Link projects to the agency's performance management system and QI plan (if they exist).
- Coordinate efforts with the agency's accreditation coordinator (if one exists) and the Performance Improvement Manager (if one exists) for the CDC-funded National Public Health Improvement Initiative.



Selection Process/Criteria

Applications will be reviewed and sites will be selected based on the following considerations:

- Completeness and quality of the application.
- Demonstrated capacity to meet the project requirements.
- Letter(s) of support from the public health agency's leadership (and if separate, from the environmental health agency leadership) indicating support for the applicant's participation and completion of contractual obligations.
- Demonstrated ability to sustain quality improvement in program areas after the project ends.

ASTHO will be looking for a distribution of project scenarios, i.e., three individual projects, one joint and one separate, one joint project in all three areas. Additionally, ASTHO will be looking for diversity in agency structure (i.e. environmental health within or outside of the health agency), geography and other health agency characteristics.

Additional Information

The deadline for applications is 11:59 PM EDT, January 9, 2012. Applicants will be notified of their selection status no later than February 3, 2012. Submit applications electronically to dpavletic@astho.org with a subject line of 'QI Demonstration Project application.'

For questions about this RFA, please contact:

Denise Pavletic
Director, Public Health Systems Improvement
Association of State and Territorial Health Officials
Phone: (571)522-2317
Email: dpavletic@astho.org

For more information about ASTHO's QI and accreditation resources, go to:

<http://www.astho.org/programs/accreditation-and-performance>.

PHAB Standards and Measures:

http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1_0.pdf



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Appendix A
Agency Application



CONTACT INFORMATION
Agency Name
Street Address
City/State/Territory/Zip
Official health agency contact
Lead project contact (<i>agency-designated project contact for all matters pertaining to the project</i>): Name Email Phone
Program area (CD, EH, MCH) lead contacts (<i>the project contact may also be a program area lead</i>): Name and Program Area Email Phone
Name and Program Area Email Phone
Name and Program Area Email Phone
AGENCY INFORMATION
Agency Structure (Centralized, Decentralized, Mixed):



Approximate size of population served:
Approximate annual budget:
Current number of FTEs:
Does your agency have an Environmental health program or office? If so, describe where it is located within your agency.
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."
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?
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.
<i>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.</i>
<u>Project 1</u>
<ol style="list-style-type: none">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.2. What is the current state of the program operation, service or outcome you would like to address through this project?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?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?5. What will be the goal of improvement in this area or process (e.g., effectiveness of outcome, efficiency of service)?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?

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.
8. How does this project align with your agency’s overall QI plan and/or performance management system?
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.*
10. How will you engage the agency staff outside of your program area, including leadership, the accreditation coordinator, and the PIM?
11. Will you engage partners external to the health agency, e.g. local health departments, academia, voluntary organizations?
12. How will you share updates about this project with internal and external partners?
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.

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

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

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).

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

BUDGET JUSTIFICATION

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)

Personnel:

Equipment/Infrastructure:

Supplies:

Data collection costs:

Meeting expenses:

In-state travel:

In-kind Contributions (please specify):

Other:

Budget request grand total (not to exceed \$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).
- 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.



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Appendix B
Glossary



For purposes of this RFA only, the following definitions apply (listed in the order in which they appear):

Quality Improvement: Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Program Area: For purposes of this RFA, the program area is defined as a set of activities and interventions aimed at improving the health of a particular segment of the population within the following three program areas: Chronic Disease, Maternal and Child Health, and Environmental Health.

QI Project: For purposes of this RFA, a QI Project Refers to those activities that focus on improving specific processes within the three program areas: Chronic Disease, Maternal and Child Health, and Environmental Health.

Performance Indicator: For purposes of this RFA, a Performance Indicator measures progress toward achieving the objectives of the QI Project.

QI Team: QI teams are the designated group of people working together to produce the QI project's outcomes within the three program areas: Chronic Disease, Maternal and Child Health, and Environmental Health.

Project Leader: For purposes of this RFA, the Project Leader is the individual recognized by others as the person who is leading the overall National Demonstration Initiative within the state agency.

Program Lead: For purposes of this RFA, the Program Lead is the individual recognized by others as the person who is leading the National Demonstration Initiative within one of the three program areas: Chronic Disease, Maternal and Child Health, and Environmental Health.

Senior Leader: For purposes of this RFA, the Senior Leader is the sole person responsible for the state health agency and to whom the state health agency staff report.

Performance Management System: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

QI Plan: For purposes of this RFA, a QI plan is the overall program-specific guidance that sets out the sequence of QI activities relevant to the three program areas: Chronic Disease, Maternal and Child Health, and Environmental Health.



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Accreditation Coordinator: The Accreditation Coordinator is the person responsible for coordinating the application and accreditation process within the health department. The Accreditation Coordinator is the primary point of communication with the Public Health Accreditation Board staff during the accreditation process.

Performance Improvement Manager: The Performance Improvement Manager (PIM) is intended to work collaboratively throughout an agency to lead and establish appropriate performance management/quality improvement (PM/QI) systems. The roles and job description of the PIM are defined by each agency to meet their individual needs. The PIM may lead or be involved in the grantee's work funded through the NPHII, and many PIMs will play a lead role in systems assessment and preparing the agency for accreditation. Key activities would likely include assessment and planning, performance measurement and monitoring, evaluation and quality improvement.



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Appendix C
Sample Contract



double click image to preview multi-page pdf document



SUB-AWARD AGREEMENT
Contract#

Project #

THIS AGREEMENT (together with any attachments referred to below, the "Agreement") is dated as of [] by and between the ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS, a District of Columbia nonprofit corporation ("ASTHO"), and, the [] ("Subgrantee"). ASTHO and Subgrantee are also referred to as the "parties" and each as a "party."

Subgrantee shall be further identified as follows:
DUNS: _____
EIN/SSN: _____
Business Telephone: _____

Primary Contact: _____
Email Address: _____

WHEREAS, ASTHO and Subgrantee desire to enter into this Agreement in order for Subgrantee to perform the services specified herein, in furtherance of activities in support of [] and pursuant to the terms of the [] (the "Grant");

NOW, THEREFORE, IN CONSIDERATION of the promises and mutual covenants contained herein, the parties, intending legally and equitably to be bound, agree as follows:

1. Work. Subgrantee agrees to perform the work as specified in **Attachment A** (the "Work"). Subgrantee shall furnish the personnel, materials, services, equipment, facilities, and all other items necessary to accomplish the Work, and shall report in writing to ASTHO with whatever frequency and regarding whatever subject matter ASTHO may require to keep ASTHO informed about Subgrantee's activities under this Agreement. Subgrantee agrees that the work shall be performed with the resources set forth in the Project Budget specified in **Attachment B** (the "Budget") and that no revision to the Budget shall be made without the written consent of ASTHO.

2. Term. The period for performance of the Work shall commence on [] and shall terminate on [], unless (a) either party sends written notice of its desire not to extend within sixty (60) days before the end of any such period (including the initial period), or (b) this Agreement is earlier terminated pursuant to **Section 13**. Subgrantee shall promptly inform ASTHO in writing of any actual or potential delay in the timely performance of the Work, and the reasons for such delay.

3. Compensation.

3.1 Fixed Priced Contract. This is a fixed-price contract for \$ _____ (the "Fixed Subaward Amount"). Contractor will submit _____ () invoice(s) for payment in accordance with the following milestone deliverable invoicing schedule.

Fixed Schedule Invoicing: Subgrantee will submit invoices for payment following the completion of deliverables as described in **Attachment A** at the following milestones:

- ____ % shall be paid 30 days after Milestone 1 – Completion of Deliverable 1; and
- ____ % shall be paid 30 days after Milestone 2 – Completion of Deliverables 2

3.2 Cost Reimbursement Contract. Contractor shall be reimbursed by ASTHO for all direct and indirect costs incurred in connection with the Work up to an amount equal to \$ (the "Maximum Cost Reimbursement Contract Amount"), in accordance with the budget attached hereto as **Attachment B** (the "Project Budget"). ASTHO shall not be liable for the reimbursement of any cost incurred by Contractor in excess of the Project Budget. Cost items specified in this Agreement as requiring the prior written

Initial _____ Date _____