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**Invitation to Apply**

**Lead States in Public Health Quality  
Improvement: MLC-3**

**Letter of Intent Deadline: January 11<sup>th</sup>, 2008**

**Proposal Deadline: January 28<sup>th</sup>, 2008**

*Funding for the MLC-3 project is pending approval by the Robert Wood Johnson Foundation Board of Trustees.*

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The MLC is a PARTNERSHIP OF THE NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES, THE PUBLIC HEALTH LEADERSHIP SOCIETY AND THE ROBERT WOOD JOHNSON FOUNDATION

## **SUMMARY**

Pending approval by the Robert Wood Johnson Foundation (RWJF) Board of Trustees, the National Network of Public Health Institutes (NNPHI) and the Public Health Leadership Society (PHLS) will manage a third phase of the Multi-State Learning Collaborative for Performance Assessment and Accreditation of Public Health Departments (MLC). This final phase will further advance the efforts of states already conducting systematic performance and capacity assessment or accreditation programs and quality improvement activities with their public health departments.<sup>1</sup> Through participation in the MLC-3 project, states will prepare both local and state public health departments for national voluntary accreditation, influence the development of the national voluntary accreditation program, and advance the evidence base and application of quality improvement in state and local public health practice. Up to fifteen states will be selected through a competitive proposal review process to receive a three year grant of up to \$150,000 per year to participate in this project.

## **BACKGROUND**

The momentum for accreditation of public health departments has been building in recent years; however, increased capacity within state and local public health departments to participate in systematic assessment and quality improvement activities is needed to support the large scale adoption of accreditation. Two years ago, the MLC formed a community of practice and forum for the exchange of best practices by convening states to explore issues around accreditation in the first year of the project and quality improvement in the second year. In addition to enhancing their ability to assess and improve public health practice, the states participating in the MLC informed the recommendations made by the Steering Committee of the Exploring Accreditation Project regarding the development of a national voluntary accreditation program for public health departments. The Public Health Accreditation Board (PHAB) was established in May, 2007 to implement these recommendations; PHAB is scheduled to launch the national program in spring 2011. The successful implementation of national accreditation will be greatly enhanced if the mounting experience with public health department accreditation and quality improvement in innovator states can be synthesized to inform PHAB's work.

## **PURPOSE AND ACTIVITIES**

The goal of MLC-3 is to bring state and local practitioners and other stakeholders together in a community of practice that will a.) Prepare local and state health departments for national accreditation; b.) Contribute to the development of the national voluntary accreditation program; and c.) Advance

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<sup>1</sup> From this point forward, "performance and capacity assessment or accreditation programs of public health departments" will be referred to as assessment/accreditation programs.

the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments. MLC-3 will achieve this goal by providing support through funding and peer networking opportunities to states that are already involved in assessment/accreditation programs and/or quality improvement activities. Details regarding the specific activities that the grantees will conduct as part of the project are outlined below.

### **1. Prepare local and state health departments for national accreditation**

The states selected to participate in MLC-3 will help prepare both state and local public health departments for national voluntary accreditation by:

- Enhancing standards, measures, and review processes for public health assessment and accreditation
- Identifying areas of non-optimal performance through assessment and review
- Strengthening and spreading quality improvement efforts to address gaps in performance (including and in addition to activities described under item 3 below)
- Informing the state's public health community about the development of the national accreditation program

### **2. Contribute to the development of the national voluntary accreditation program**

The states will participate in activities that will contribute to the development of a successful national voluntary accreditation program. Examples of such activities include:

- Providing information to PHAB staff and committees about their experience and best practices for assessment/accreditation and quality improvement as appropriate
- Sharing with PHAB the opinions and recommendations of public health practitioners in their state concerning interim policies, products or processes developed by PHAB
- Contributing to the development of elements of the national accreditation program
  - Providing review and recommendations on proposed standards and metrics as they are under development and during the vetting process<sup>2</sup>
  - Providing review and recommendations concerning the development of the assessment process for the national accreditation program
  - Providing review and recommendations to the discussions and deliberations regarding equivalency recognition<sup>3</sup>

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<sup>2</sup> The vetting process for proposed standards is projected to occur during August and September of 2008

- Providing information and feedback on financing, incentives, outreach and other relevant topics identified by PHAB
- Serving on PHAB committees / workgroups if selected
- Pilot testing proposed standards and measures of the national accreditation program during 2009 and 2010
- Contributing to research on accreditation and quality improvement

### **3. Advance the application of quality improvement methods that result in specific, measurable improvements and the institutionalization of quality improvement in public health departments.**

The states will apply quality improvement methodologies to improve public health performance and impact related to a menu of up to ten target areas<sup>4</sup> through mini-collaboratives<sup>5</sup> within each state. The quality improvement activities will include:

- Selecting at least two target areas for improvement from a menu of 10 pre-selected targets that will be identified by the MLC and its partners<sup>6</sup>
- Forming mini-collaboratives within the state focused on improving performance and impact related to the selected target areas
- Determining the process used to select participants for the mini-collaboratives, the number of participants per mini-collaborative, the duration of the mini-collaboratives, and the total number of mini-collaboratives over the three years of the grant period
- Creating a detailed work plan describing the mini-collaborative activities, including the provision of technical assistance and training, incentives to be used, how different approaches and results will be shared, and sustainability efforts
- Communicating the results of all mini-collaborative participant projects to NNPHI/PHLS using a common storyboard template to be developed by NNPHI/PHLS<sup>7</sup>

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<sup>3</sup> Equivalency recognition refers to the process of determining whether state-based accreditation programs are sufficiently similar to PHAB programs so as to confer national accreditation status to departments accredited through state programs.

<sup>4</sup> NNPHI/PHLS will facilitate a consensus building process with the MLC-2 states and partners to select up to ten target areas for MLC-3 by the end of March. The target areas will include both organizational process and community health indicators in focused areas.

<sup>5</sup> Grantees will select a group of public health departments to participate in applying quality improvement methods to target areas in the mini-collaborative(s) in their state. The mini-collaboratives will function similarly to the [Institute for Healthcare's Breakthrough Series collaborative model](#) for achieving breakthrough improvement. A mini-collaborative may include local health departments, the state health department, key organization(s) that provide public health services on behalf of a health department, or some combination thereof.

<sup>6</sup> The participating states will have a three month planning period from April 15 through July 14<sup>th</sup>, 2008 to select the target areas that their mini-collaborative(s) will address. The states will be required to submit a report to NNPHI/PHLS on July 15<sup>th</sup> that will describe the rationale for the target areas that were selected.

- Disseminating the results of the mini-collaboratives to public health practitioners and other stakeholders in the state through a variety of means

After at least two of the target areas have been explored, additional targets of the state's choice may be addressed providing there are at least two departments interested in addressing the same focused area and recording and sharing their experiences using storyboards.

#### **4. Participate in MLC-3 peer networking activities**

The MLC-3 grantees will participate in collaborative activities that promote peer networking and the exchange of lessons learned across the participating states and the broader public health practice community. These activities will include:

- Participating in bi-annual in-person meetings
- Participating in regular teleconference calls or web-meetings
- Hosting site visits for peer to peer learning and technical assistance with the opportunity to also visit other sites
- Presenting project findings at national conferences

#### **5. Evaluate grant activities**

Participating states must conduct internal evaluation procedures to monitor and evaluate the process and outcomes achieved as a result of the project. Submission of quarterly reports will be required of participating states to communicate the experiences of the mini-collaboratives and quality improvement projects. A short narrative report and standard storyboard template will be provided for grantees to use when preparing these reports. The reports will include the following information: quality improvement methods used, measures that were used, quantifiable and qualitative results, successes and challenges that were experienced. The participating states will submit the reports to NNPHI/PHLS which will also share them with RWJF, and will synthesize the findings from different states working on the same target areas. On a semi-annual basis, each state must present findings from its state-specific projects to the participating states and partners.

Additionally, the Robert Wood Johnson Foundation will conduct an external evaluation of the program. As a condition of accepting the Robert Wood Johnson Foundation funds, grantees will be expected to participate in this evaluation, which may include brief surveys, site visits, and/or telephone interviews of the principal project staff and mini-collaborative participants.

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<sup>7</sup> NNPHI/PHLS will seek input and models that will support the creation of standardized storyboard templates and will provide technical assistance on their use by the participating states.

## 6. Communicate grant activities

Grantees are also expected to participate in the efforts of NNPHI/PHLS and RWJF to communicate lessons learned and outcomes related to the program. NNPHI/PHLS will provide a storyboard template for health departments to use to communicate the progress of their quality improvement projects within their states, the collaborative, and the larger public health practice community.

## ELIGIBILITY

As in the first two phases of the project, applicants must be currently implementing health department assessment/accreditation or quality improvement programs that are designed to document and improve the current capacity, performance and impact of public health departments. The following are acceptable assessment or accreditation programs: self-assessment using the Operational Definition of a Functional Local Health Department or other objective, reliable standards; accreditation of public health departments; external third party validation of performance against standards; certification of departments meeting a defined set of standards; or systematic quality improvement programs in local or state public health departments.

## HOW TO APPLY

Stakeholders in each state must designate a lead organization to apply on behalf of partners involved in the implementation of the state's assessment/accreditation or quality improvement program. Only one application can be submitted for any given state. **Multiple applications submitted by any one state will not be reviewed.** Potential lead applicant organizations include state and/or local public health departments, public health associations, local or state boards of health and/or their associations, universities, or public health institutes.

### Letter of Intent

The lead organization **must** email their intent to apply to Liz Tagle at NNPHI [etagle@nnphi.org] by 5:00 PM CDT on **January 11<sup>th</sup>, 2008**. The text of the e-mail should include the name, physical address, e-mail address and phone number of a contact person. The completed application **MUST** be received by the NNPHI staff on or before **January 28<sup>th</sup>, 2008 at 5:00 pm CDT**.

### Proposal

The proposal narrative must address the following components using the outline provided below. The narrative may not exceed 12 single-sided pages (please see the Review Criteria for more information):

1. Executive summary (less than 300 words)
2. Description of current assessment/accreditation and quality improvement activities:
  - Brief description of current program including goal or mission.

- Description of key partner organizations and the roles that each partner plays in your current program.
  - Brief description of previous experiences in your state applying Quality Improvement (QI) in public health (excluding QI in context of direct health care provision). This should include targets for improvement; QI processes applied; measures of success; and the impact on the process, organization and community.
  - Outline current sustainability efforts and results
3. Description of the activities that will be conducted to prepare for alignment with national voluntary accreditation (See Section 1 of Purpose and Activities)
- Describe activities that will be conducted to help public health departments within the state prepare for national accreditation
  - Describe communications activities that will be conducted to inform the public health community in your state regarding the national accreditation program
4. Description of the activities that will be conducted to inform PHAB and the development of the national voluntary accreditation program (See Section 2 of Purpose and Activities)
- Describe the process that will be used to identify activities that will be conducted to inform PHAB and the development of the national accreditation program.
  - Outline areas of specific expertise or information that the state or local health departments in your state could share with PHAB. Outline the activities that you would be willing to participate in to fulfill this requirement of the grant.
5. Description of quality improvement activities. (See Section 3 of Purpose and Activities)
- Outline the process that will be conducted between April 15th and July 15th, 2008 to select the target areas to be addressed in your state. A minimum of two target areas from the MLC-3 Menu must be addressed; however additional targets may be addressed as resources permit.
  - Outline the processes and activities that will be conducted to establish the mini-collaboratives in your state. Include the number of health departments to be selected, how they will be selected, incentives that they will receive, duration, etc.
  - Outline the activities that the mini-collaborative and participating health departments will conduct to improve performance on the selected target areas. Include description of the activities that the individual health departments will conduct and methods for sharing lessons learned within the mini-collaborative. Include a description of

- technical assistance and training resources and activities that will support the mini-collaborative quality improvement projects.
- Please describe how your accreditation/quality improvement efforts will be sustained in your state to support broad uptake of these efforts beyond the participants in the mini-collaboratives, and after the period of this grant.
6. Participation in MLC-3 Activities and Networking with Participating States (See Section 4 of Purpose and Activities):
- Description of the state's potential contribution to MLC-3, the PHAB and the broader public health practice community.
  - Description of the benefits of participation and perceived challenges related to participating for your state.
7. Description of evaluation and communications activities to be conducted for this project.
- Description of internal monitoring and evaluation capacity
  - Description of internal monitoring and evaluation activities for this project.
  - Description of communications activities to be conducted including creation of project storyboards, conference presentations, etc.

**Appendices must include the following:**

- Appendix A: Letters of commitment from key partners in the state's assessment/accreditation and/or quality improvement program.
- Appendix B: Proposed project budget and narrative for the entire period of the grant which is April 15, 2008 through April 14, 2011. The budget should be broken into one year increments as follows: Year 1- April 15, 2008 - April 14, 2009; Year 2 - April 15, 2009 - April 14, 2010; Year 3- April 15, 2010 - April 14, 2011). The project budget and narrative **MUST** be prepared according to RWJF guidelines found at: [http://www.rwjf.org/files/applications/Budget\\_Preparation\\_Guidelines\\_2006.doc](http://www.rwjf.org/files/applications/Budget_Preparation_Guidelines_2006.doc) An Excel Spreadsheet that includes a template for preparing the budget will be e-mailed to each individual that submits a Letter of Intent to apply.
- Appendix C: One complete, un-separated original and one copy of The Robert Wood Johnson Foundation Request for Project Support and Conditions of Grant form. (NNPHI staff will send two copies of this form to each state that submits an e-mail declaring their intent to apply. Please note that you are required to submit one original, the second copy is available in case mistakes are made on the original).
- An optional Appendix D may include relevant materials not to exceed 5 pages.

One complete original application, including one original and one copy of the RWJF Request for Project Support and Conditions of Grant form, must be received by the National Network of Public Health Institutes on or before **January 28<sup>th</sup>, 2008 by 5:00 PM CDT**. In addition, twelve copies of all application materials (excluding RWJF Request for Project Support and Conditions of Grant forms) must be received with the original. We also request that you send electronic copies of your project narrative and budget by email to [etagle@nnphi.org](mailto:etagle@nnphi.org).

Submit application materials to:  
Liz Tagle  
National Network of Public Health Institutes  
1515 Poydras Street, Suite 1200  
New Orleans, LA 70112  
Phone: (504) 301-9847

## USE OF GRANT FUNDS

The maximum grant award available for each state is \$150,000 per year for three years. Grant funds may be used for: incentives to encourage agency participation in the quality improvement process, project staff salaries, consultant and/or contractual fees, team coaching fees, quality improvement resources (including training materials), teleconference and web-meeting fees, meeting expenses (including one site visit from MLC partners and states per year during the first two years), supplies, project-related travel<sup>8</sup>, other direct project expenses, including a limited amount of essential equipment, and indirect costs calculated at a rate of **up to 12 percent**. The funds should also support the necessary direct costs to support staffing needed for sharing information with the MLC members and the Public Health Accreditation Board.

In keeping with RWJF policy, grant funds may **not** be used to subsidize individuals for the costs of health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

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<sup>8</sup> NNPHI/PHLS will reimburse grantees for travel and lodging expenses associated with meetings sponsored by the MLC. In addition, NNPHI/PHLS will support travel costs for three trips per state per year to attend site visits in the MLC states (states will identify how they would like to use these trips, either by sending one person to visit three states or three people to visit one state, etc). It is **not** necessary to include these costs in the budget. States may include costs for in-state project related travel in their proposals.

## **REVIEW CRITERIA**

All proposals will be reviewed by an independent expert panel, jointly selected by NNPHI/PHLS and RWJF. Individual critiques of the applications will not be provided.

### **Proposals will be rated based on the following criteria:**

- Reach, comprehensiveness, acceptance and impact of the state's current assessment/accreditation and/or quality improvement program
- Likelihood that local and state health departments in the state will be ready for national accreditation by 2011
- Potential for participation and contribution to the MLC and the national accreditation program
- Design of the quality improvement mini collaboratives, including clarity, strategies and potential for diffusion of findings
- Potential for positive impact of the proposed quality improvement projects within the state
- Potential for significant contributions to public health knowledge base around accreditation and quality improvement
- Strength of collaborations and commitment of partners
- Communication and dissemination plans within the state
- Meaningful evaluation plans
- Likelihood of sustainability of accreditation and quality improvement at the end of the grant period

## **TIME TABLE**

### **December 19 - Release of Letter of Invitation to Apply**

#### **January 9 - Applicant Teleconference**

*The teleconference will take place from 12:00 – 1:00 PM CT. Please RSVP by sending an email confirming your attendance to Liz Tagle at [etagle@nnphi.org](mailto:etagle@nnphi.org). To join the call, dial 1-866-309-0490 and pass code: \*4256630\*.*

#### **January 11 - Deadline for Letter of Intent**

*Email stating intent to apply **MUST** be received by Liz Tagle at [etagle@nnphi.org](mailto:etagle@nnphi.org) by 5:00 PM CT.*

#### **January 28 - Deadline for Submission**

*Applications **MUST** be received by NNPHI by 5:00 CT.*

#### **February 25 – Notification to States that are Selected to Participate**

*Participation on behalf of the states will be pending final negotiations as well as budget and legal review by the Robert Wood Johnson Foundation.*

#### **March 10 – Deadline Applicant Project and Budget Revisions**

#### **April 15 – MLC-3 Grants Start**

*A press release that identifies the participating states will be disseminated to the public.*

#### **July (Date TBD) – MLC-3 Kick off Meeting**

*Dates for additional in-person meetings will be determined at the start of the project.*

#### **July 15 – Deadline for Submitting Rational for Target Areas Selected**

#### **April 14, 2011 Completion of State Grants**

## PROGRAM DIRECTION

The program is managed by the National Network of Public Health Institutes and the Public Health Leadership Society.

National Network of Public Health Institutes  
1515 Poydras Street, Suite 1200  
New Orleans, LA 70112  
Phone: (504) 301-9824  
E-mail: [sgillen@nnphi.org](mailto:sgillen@nnphi.org)  
[www.nnphi.org](http://www.nnphi.org)

Responsible staff members at the National Network of Public Health Institutes/ Public Health Leadership Society are:

- Sarah Gillen, MPH, *Associate Director NNPHI, Project Director*
- Jennifer McKeever, MPH, LCSW, *Accreditation and Performance Standards Program Manager*
- Liz Tagle, MPH, *Program Coordinator*

The Robert Wood Johnson Foundation will monitor the program, provide funding to the National Network of Public Health Institutes and the Public Health Leadership Society for central coordination and management, and provide direct grant funding to the participating states.

Responsible staff members at The Robert Wood Johnson Foundation are:

- Russell Brewer, DrPH, CHES, *Program Associate*
- Pamela Russo, MD, MPH, *Senior Program Officer*
- Tom Andruszewski, *Grants Administrator*
- Linda Manning, *Program Team Coordinator*

**FOR MORE INFORMATION, PLEASE CONTACT Liz Tagle AT THE NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES AT [etagle@nnphi.org](mailto:etagle@nnphi.org) OR (504) 301-9847**