

NACCHO

National Association of County & City Health Officials

Jefferson County Department of Health, AL

**Accreditation Preparation and Quality
Improvement Demonstration Sites Project**

Final Report

May 30, 2008



Brief Summary Statement

The Jefferson County Department of Health (JCDH) is located in Birmingham, Alabama and serves an urban-rural population mix within the county of 656,700. Using the NACCHO LHD Self-Assessment Tool for Accreditation Preparation and a quality improvement process, JCDH implemented an e-mail listserv to improve efficiency for internal communications as we prepare for accreditation and external communication within the local public health system. As a result, 217 subscribers to the listserv, representing approximately 120 agencies and organizations, can now receive regular updates on progress with the community health improvement plan as well as exchange significant information with other subscribers on the listserv.

Background and Introduction

In 2002, our staff determined the Mobilizing for Action through Planning and Partnerships (MAPP) process would enhance our strategic planning efforts and engage the community at a new level in determining public health priorities for Birmingham/Jefferson County, Alabama. In preparation for conducting the four assessments, our team applied the public health system assessment to our health department to first determine our capacity to support the Ten Essential Public Health Services.

The MAPP process officially began in 2004 and was completed in 2006. Using all four assessments, we produced *Our Community Roadmap to Health*, a guide to all involved in improving public health in our county. As part of the MAPP process, we implemented the Local Public Health System Assessment in October 2005 with over 120 participants from 62 organizations that serve our community.

The momentum from the MAPP process continues today as we engage new community organizations in implementing the action cycle. Our ability and interest in continuing quality improvement efforts has long been a cornerstone and underlying determinant for provision of services in the department from our experience using MAPP, other accreditation programs to our ongoing quality improvement activities. Through this accreditation project, we anticipated that we gain further knowledge to develop new processes, conceptual model and best practices in preparation for accreditation.

JCDH serves our community through primary care services, including adult health, family planning, pediatrics, WIC, and dental health as well as through core public health services including environmental health, disease control, and community health.

Goals and Objectives

The following goals and objectives are outlined in our logic model in QI project and have not changed during the project:

Short-term goals:

- ◆ Improve quality, performance and consistency in the delivery of 10 essential services
- ◆ Increased effectiveness, accountability and evaluation of JCDH public health programs
- ◆ Gain understanding and utilization of QI tools needed to analyze and solve problems and issue.

Long term goals:

- ◆ Enhanced enforcement of public health services laws and regulations
- ◆ Increased community support for public health programs and policies
- ◆ Promotion of agency changes as needed to provide services to the community and to local public health system partners
- ◆ Prepare for the voluntary accreditation program
- ◆ Contribute to and apply evidence base public health practice

Self-Assessment

Planning

Upon notification of the grant award, there were informal discussions about next steps. The Deputy Health Officer requested information to present to the JCDH Executive Management Team the following Monday, September 24th. We discussed the current plan to include about 40 program staff. He counted 20-25 health service administrators + 11 division directors.

- ♦ Management team meets and determines only the eleven division directors will be included in the initial scoring, although others will be asked for information, etc through the process.
- ♦ At the next scheduled meeting for all program directors (approximately 30 people), we discussed preparation of strategy sessions and invited directors to the October 15th retreat.
- ♦ The preparatory packet included a retreat agenda and the Operational Definition Prototype Metrics with instructions to thoroughly review materials and score indicators in advance of the retreat. This pre-assessment allowed each director sufficient time to carefully consider each indicator as well as discuss their thoughts with other staff as needed to score our LHD as accurately as possible.

Retreat

The directors' retreat was held on October 15, 2007 with all eleven division directors present for the majority of the time. Discussion and scoring of all indicators occurred, allowing for minimal discussion unless requested by the group. We briefly discussed methods for identifying the top three to five priority areas for improvement.

- ♦ It was decided in advance to start with Standard 8 since all directors are involved in developing workforce competencies.
- ♦ While we started the retreat using scorecards and working to achieve consensus, the Health Officer suggested we use average scores instead of consensus and we proceeded from there.
- ♦ A timer was used to help us stay on track according to the schedule below. As the day moved on, there was less discussion about minor differences (score of 3 versus 4) and more willingness on the part of the participants to move forward quickly.
- ♦

October 15 Retreat Agenda					
	<u>Topic</u>	<u># of Questions</u>	<u>Schedule</u>		
	Overview		8:00-8:15		
	Instructions		8:15-8:30		
	8	29	8:30-9:15		
	9	27	9:15-10:00	<i>Break</i>	<i>15 min</i>
	10	14	10:15-10:30		
	1	33	10:30-11:15		
	2	42	11:15-12:15	<i>Lunch</i>	<i>12:15-12:45</i>
	3	32	12:45-1:30		
	4	40	1:30-2:30		
	5	24	2:45-3:15	<i>Break</i>	<i>15 min</i>
	6	30	3:15-4:00		
	7	18	4:00-4:20		
	Wrap up		4:20-4:30		

- ◆ Our team developed a tool in advance of the retreat for automatically calculating scores so that as each director voted, the average score was able to be displayed immediately. Final scores were reported after each Model Standard by the Scorekeeper to provide a quick review as well as encouragement that the group was moving forward and gaining ground on the self-assessment. The tool developed will prove highly useful as we move forward with specific division assessments.
- ◆ In addition, a slideshow at the front of the room provided participants with the Model Standard number, name, and a graphic representation of that standard. Some of the pictures were humorous cartoons and others were local health department efforts relevant to accomplishing that standard.

Brainstorming Session

The directors were provided a preliminary report of scores on October 19th and asked to participate in a prioritization meeting the following week (10/23).

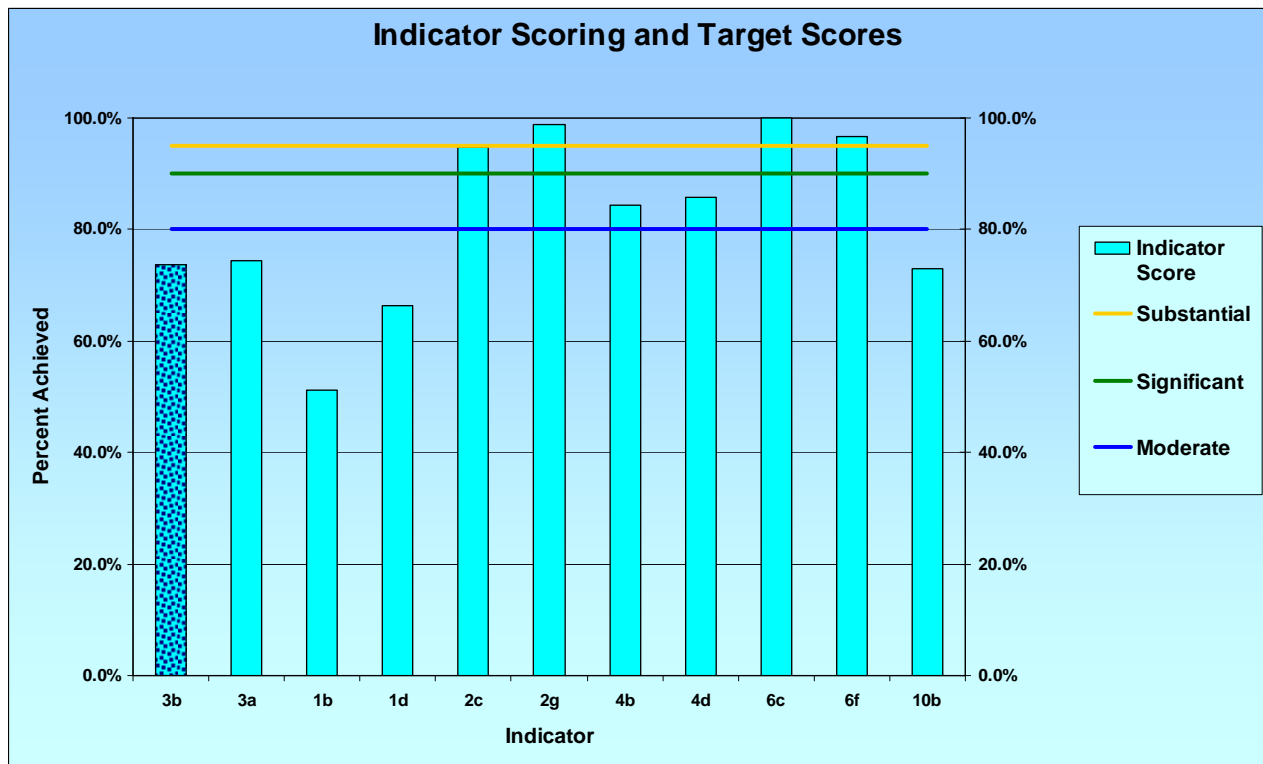
- ◆ We re-convened the health department program directors to review results of the self-assessment and to determine the top priority areas for improvement. The lowest 20 scores were listed in rank order to provide a starting place for discussion. After evaluating our options for prioritizing and choosing a quality improvement activity, two directors suggested specific activities and the group quickly agreed addressing the indicator on information exchange (3b) would be an attainable project for the next six months and potentially positively impact other indicators. The idea of utilizing a listserv was discussed at this point and a smaller QI Taskforce was put together to follow through on the chosen priority. The L-Soft Listserv software of \$6800 was chosen over another software and license package that was less expensive because of the capability to provide unlimited lists and subscribers. This growth potential was determined to be the best long-term investment considering our plans are to use the listserv software with anyone interested in receiving information within the local public health system. Conceivably, there is the potential to eventually have thousands of subscribers to various lists from our server.
- ◆ The task group determined that it would be useful to have an internal listserv both as a pilot project prior to using a listserv with the Health Action Partnership, but also to continue QI conversations as our health department prepares for national accreditation. The “QI Project” listserv was first setup with 13 subscribers and continues to serve as a discussion forum for quality improvement.

Highlights from Self-Assessment Results

Standard/ Indicator # Rank out of 45 indicators	Standard and Significance
3b. Score: 73.7% Rank: 30th	Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health <ul style="list-style-type: none"> • This indicator was identified as an area of weakness for JCDH and was selected as the focal point for the QI project. • Several other indicators were identified as being positively impacted by the improvement of this indicator: 3a, 1b, 1d, 2c, 2g, 4b, 4d, 6c, 6f, and 10b.

<p>1 b Score: 51.2% Rank: 44th</p>	<p>Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange</p> <ul style="list-style-type: none"> This indicator was identified as one of the weakest areas for JCDH and was determined to be influenced and improved by the selected QI project.
<p>6 c Score: 100% Rank: 1st</p>	<p>Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations and ordinances and how to comply</p> <ul style="list-style-type: none"> JCDH met this indicator fully due to our strategies and efforts to educate restaurants and others receiving our inspection services through specific courses, including ServeSafe in Spanish as well as English.
<p>9 d Score: 31.7% Rank: 45th</p>	<p>Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement</p> <ul style="list-style-type: none"> This was the lowest scored indicator and JCDH felt that evaluating non-JCDH practitioners is outside of our scope of work.

As indicated in the graphs below, once 3b was chosen as the target indicator for our QI project, ten other indicators were determined to be impacted by the improvement of 3b. Our team also determined that we had our own sense of Standards of Compliance:



Substantial Compliance = 95-100%

Significant Compliance = 90-94%

Moderate Compliance = 80-89%

These standards of compliance helped us to realize that while several indicators received a lower score than 3b, none had the broad impact on other indicators.

Quality Improvement Process Planning and Implementation

ASSESSMENT: *How did you decide this is important (what baseline data are being used)?*

a) The Ten Essential Public Health Services were evaluated, discussed and scored from the **NACCHO Operational Definition Metrics** to assess the department strengths and weaknesses

- ♦ Process Evaluation (survey)

b) The top 20 standards were selected and prioritized in descending order with the lowest score on top

c) Team evaluated the top 20 standards to determine urgency, feasibility, desirability and timeliness for implementing QI Project

Areas of consideration:

Collaboration

Partners

Funding

Staff

Resources

Technical Support

Users of the product

d) Task Force organized: Brainstorming

Problem: *Analyze and Define the Problem Specific Aim or Purpose:*

Performance Standard: To exchange information and data with individuals, community groups, other agencies and the general public about physical, behavioural, environmental social, economical and other issues affecting the public's health via an e-mail management server.

Performance Indicators: (the focus of the goal)

Essential Service 3: Give people information they need to make healthy choices

3b. Exchange information and data with individuals, community groups, other agencies and the general public about physical, behavioural, environmental, social, economic and other issues affecting the public's health.

1. LHD establishes a network to share data with stakeholders
2. LHD continuously develops current information on health issues that affect the community
3. LHD has protocols and/or strategies in place to communicate health information periodically
4. LHD has a written protocol in place to respond to specific information requests

1. LHD uses its stakeholder network to gather information and to provide data and information on community health issues
2. LHD uses principles of social marketing to understand the information needs of specific populations
3. LHD informs the public about how to obtain health data and information from the department

4. LHD responds to data requests in a timely manner
- 3a. Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource
 1. LHD develops and maintains a database of media partners and outlets available
 2. LHD maintains a written protocol for communicating with the media
 1. LHD conducts an environmental scan and assessment of media outlets
 2. LHD develops a media strategy that includes formal (press releases) and informal opportunities for communicating with the media and responding to media requests
 3. LHD communicates routinely with media to raise awareness of public health and public health issues in the community
 4. LHD communicates with media on emerging events and situations to inform the public

Essential Service 1: Monitor health status and understand health issues facing the community

- 1b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate change
 1. LHD maintains a user-friendly (preferably electronic) system for reporting of data
 2. LHD maintains a written and electronic list of health care providers and public health partners who may be disease-reporters
 3. A written policy/procedure exists that describes the method to assure that LHD staff can be contacted at all times
 1. Providers are educated and trained on collecting and reporting data to the LHD
 2. LHD uses a quality improvement process between LHD and providers to make it easy for providers to report
 3. Health care providers and other public health partners receive reports and feedback on disease trends and clusters
- 1d. Integrate data with health assessment and data collection efforts conducted by others in the public health system
 1. A written protocol to integrate data exists
 2. LHD develops and maintains relationships with community and public health system partners
 1. Assessment processes by community agencies include the LHD and community partners as participants
 2. LHD uses an electronic system to integrate assessment data from a variety of sources (e.g. database software)

Essential Service 2: Protect people from health problems and health hazards

- 2c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities or environmental health hazards
 1. LHD has protocols with other governmental agencies for mutual assistance in responding to specific health problems or hazards
 2. LHD identifies partners in advance and protocols are developed to engage partners during an event
 3. LHD routinely communicates with other governmental agencies on health problems in the community

2g. Maintain policies and technology required for urgent communications and electronic data exchange

1. LHD maintains appropriate technology for 24/7 communications
2. LHD maintains appropriate technology for electronic data exchange
1. LHD has written protocols for urgent communications defines partners and maintain addresses, telephone lists, email/website-addresses for media, health providers, and other frequent contacts
2. LHD updates protocols and contact information at least annually and makes readily available to staff.
3. LHD uses multiple methods for dissemination of public health messages
4. LHD tests its emergency data exchange capabilities annually

Essential Service 4: Engage the community to identify and solve health problems

4a. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize and solve public health problems; establish public health goals; evaluate the success in meeting the goals

4b. Promote the community's understanding of and advocacy for, policies and activities that will improve the public's health

1. LHD has current information on health issues that affect the community readily accessible
1. LHD uses a variety of methods (e.g. media, website) to disseminate the plan to the community
2. LHD leads a process to assess and analyze effectiveness of public policy and community environment to improve health and shares the results publicly

4d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues

1. LHD maintains a directory of community organizations and systems partners

Essential Service 6: Enforce public health laws and regulations

6c. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations and ordinances and how to comply.

6f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health

1. Rapid communication capability can be demonstrated between the LHD and other enforcement entities
1. LHD has a comprehensive knowledge of other agencies involved in enforcement in the protection of the public health
2. LHD develops and executes communication protocols for the notification of other enforcement agencies

Essential Service 10: Contribute to and apply the evidence base of public health

10b. Share results of research, program evaluations and best practices with other public health practitioners and academics

1. LHD disseminates research findings to public health colleagues

2. LHD disseminates research findings to the community, partners and policy makers

Desired Outcome or Improvement Target:

Build a Communication Network that will engage the community involvement in the receipt and dissemination of Public Health Information and Data

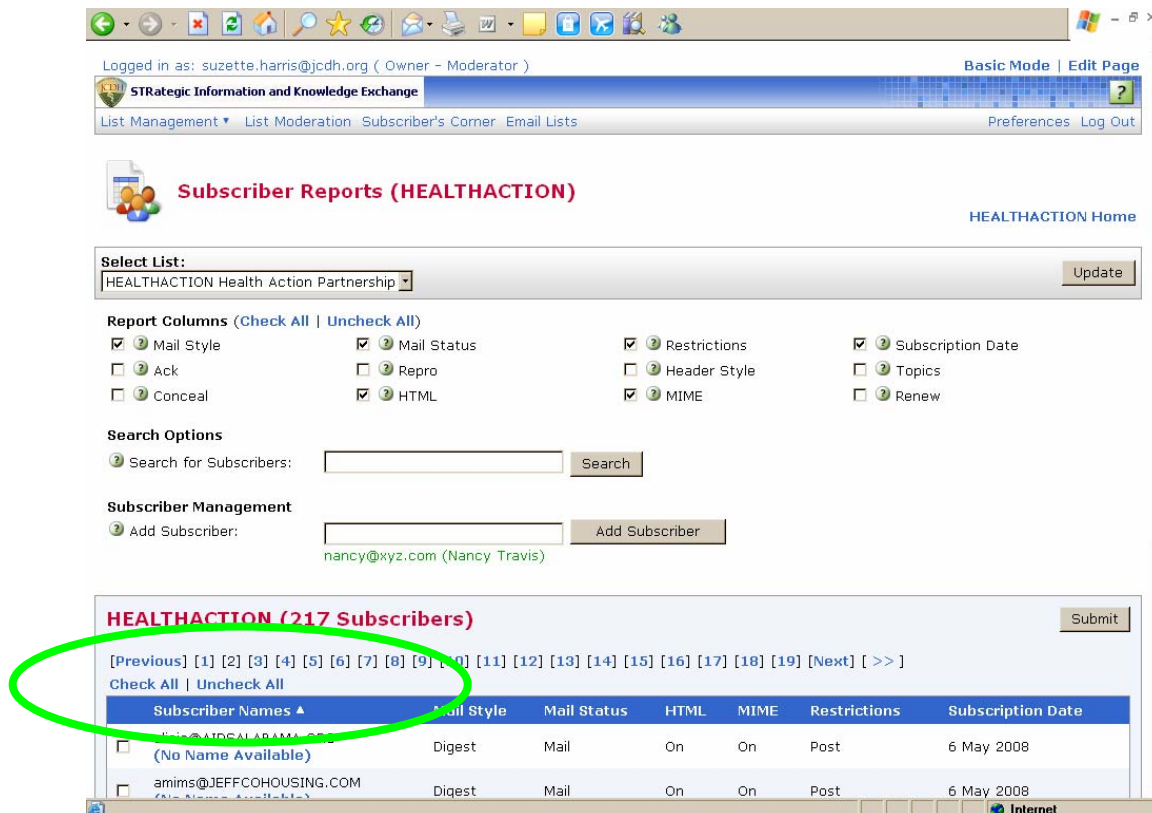
- Functional process for creating and maintaining the listserv
- Enforceable Policies
- Engaged Public Health System and community listserv
- Generate utilization and participation reporting systems

Results

The QI Taskforce selected the use of L-Soft LISTSERV software product to initiate information exchange with community partners already engaged in our community health improvement plan, Health Action. As indicated in the screen shot below, there are 217 subscribers to this listserv and they all receive partnership emails in a weekly moderated digest form.

In order to determine what type of listserv would benefit our partnership the most, a survey was developed and distributed at a partnership meeting and results indicated the following:

- ◆ 50% of respondents currently communicate weekly with other partners, while 50% communicate monthly or “as needed”
- ◆ Respondents prefer “bundled” or “digest” format lists over daily emails or several emails at once.
- ◆ Several respondents suggested making the list moderated to “screen out junk mail” as well as screening subscribers “for fit”.
- ◆ Respondents prefer Health Action meeting notices, announcements and grant information rather than other e-mails.



Lessons Learned

In considering taking on a self-assessment process such as this one, we found the following to be helpful:

- ◆ JCDH found that holding a one day retreat was the most efficient use of staff time.
- ◆ Using the excel tool developed by our staff during the retreat was efficient and an effective way to report back scores immediately at the retreat. A few directors recommended using an online scoring tool to calculate scores in advance of the retreat and expedite the process.
- ◆ A few directors were interested in involving more personnel in the assessment phase.
- ◆ Using various scoring options was beneficial, including using a zero score and Not Applicable. Some directors expressed concern with being evaluated by other directors and would like “abstaining” to be encouraged, while others indicated discussion should take place until all directors felt comfortable voting with the knowledge they had received.

Next Steps

- ◆ Both listservs will be sustained for long-term use with internal discussion groups, the Health Action partnership, and potential expansion to include as many listservs as are deemed needed in the future.
- ◆ JCDH directors and program managers gathered for the NACCHO site visit along with Kay Edwards, consultant to the project, and discussed needed quality improvement projects in several areas of our health department. In order to encourage expansion of QI efforts, the lead division for the NACCHO Accreditation Demonstration Project offered other internal divisions technical assistance as they move forward with assessing their divisions and selecting QI projects.
- ◆ JCDH will organize and develop a QI cluster within the division of Policy, Grants and Assessment by hiring staff to assist JCDH divisions in using the ten standards to evaluate individual programs. As the national movement towards accreditation furthers, our LHD will continue to use QI tools and the Operational Definition for a Local Health Department as we prepare for future national accreditation.

Conclusions

Participating as a demonstration site provided our staff with some insight as to how accreditation for public health activities is different from our previous experience with accreditation through JCAHO. Completing the metrics allowed several directors the opportunity to learn more about what other division’s activities include and what they could or should include in the future. In addition, this process opened eyes as to the importance of divisions communicating and sharing experiences and projects. After discussions at our site visit about how the standards are intended not as baseline nor as gold standards, it might be beneficial for NACCHO to continue promoting gold standards to LHDs (just as with the LPHSA gold standards) and have the PHAB utilize baseline standards for the purposes of accreditation. This way, LHDs will have the opportunity to continue learning about model practices and ways to become the “best” while the actual accreditation process will not be overly burdensome as each health department is so unique.

Appendices

- A. Overall Standards Indicator Scores
- B. Accreditation Demonstration Project Timeline
- C. QI Project Logic Model
- D. Director’s Retreat Survey
- E. Health Action Partners Survey Results

Appendices A: Overall Standards Indicator Scores

**Overall Standards
Indicator Score** **78.1%**

Operational Definition Standard --

	SCORE
1. Monitor health status and understand health issues facing the community	70.3%
2. Protect people from health problems and health hazards	95.0%
3. Give people information they need to make healthy choices	67.0%
4. Engage the community to identify and solve health problems	82.5%
5. Develop public health policies and plans	73.7%
6. Enforce public health laws and regulations	98.0%
7. Help people receive health services	71.9%
8. Maintain a competent public health workforce	88.2%
9. Evaluate and improve programs	56.7%
10. Contribute to and apply the evidence base of public health	77.8%

Appendix B: Jefferson County Accreditation Demonstration Project Timeline

October 15-31, 2007

Plan: Conduct Retreat
Evaluate Retreat

November 1-15, 2007

Do: Select QI Project

- Analyze results; provide preliminary report
- Prioritize areas for improvement
- Select the quality improvement activity.
- Select taskforce from the relevant divisions

December 2007-January 2008

Check: QI Taskforce/ Evaluate Project

- Quality Improvement Taskforce meets bi-weekly to ensure progress
- Taskforce participates in conference calls to report on progress and share lessons learned
- PGA staff develop and write progress reports

February-April 2008

Act: Implement QI Project

May 2008

Evaluate: Finalize reports

STAKEHOLDERS Funding	RESOURCES External	ACTIVITIES Actions	OUTPUTS Results	OUTCOMES Short Term (SMART)	IMPACT Long Term
<ul style="list-style-type: none"> National Association of City and County Health Officials (NACCHO) Jefferson County Department of Health (JCDH) 	<ul style="list-style-type: none"> NACCHO National performance standards program Operational definition prototype metrics Centers for Disease Control (CDC) 	<ul style="list-style-type: none"> Ensure system supports accreditation Disseminate accreditation model practices to stakeholders Develop educational tools & materials to promote the value of accreditation Coordinate technical assistance activities Create communication networks to address public health accreditation campaign Attend national meetings on accreditation Offer classes on QI and performance measurements Select quality improvement activities 	<ul style="list-style-type: none"> # of meetings held # of participants at meetings # of standards met and implemented # of tools and materials developed and utilized # of presentations or trainings provided # of staff trained # of communication campaigns and activities # of policies adopted to maintain accreditation 	<p>Increased quality, performance and consistency in the delivery of 10 essential services</p> <p>Increased effectiveness, accountability and evaluation of public health programs</p> <p>Understanding and utilization of tools needed to obtain accreditation for monitoring health status</p> <p>Intermediate</p> <p>Enhanced enforcement of public health services laws and regulations</p> <p>Increased community support for public health programs and policies</p> <p>Promotion of agency changes as needed to provide services to the community and to local public health system partners</p> <p>Contribute to and apply evidence base public health practice</p>	<p>Strategic organizational development</p> <p>Continuous quality improvement</p> <p>Population-based community health improvement strategies</p> <p>Competent public health workforce</p> <p>Credibility among public health system partners</p>
Partnerships	Internal				
<ul style="list-style-type: none"> Local public health system partners Universities ADPH 	<ul style="list-style-type: none"> Policy Grants and Assessment (PGA) 				
Other Agencies					
<ul style="list-style-type: none"> Local media Consultants 	<ul style="list-style-type: none"> JCDH leadership Quality improvement tools 				

The simple acronym used to set objectives is called **SMART objectives**. SMART stands for: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-framed.

Appendix D: Directors' Survey Report

Pre-retreat and staff engagement

The directors spent an average of 2.2 hours on completing the Operational Definition Metrics tool and completed on average 9.5 of the 10 standards. When asked if staff were consulted in completing the tool, 1 director consulted with a program manager and 2 directors consulted with supervisors. In addition, 2 directors consulted with other service centers in completing the assessment tool.

When asked how to engage other staff in the accreditation process and whom to engage, directors responded as follows:

Who else should be engaged in this process?	
Titles	Number of Responses
Program Manager(s)	7
Deputy or Assistant Director(s)	4
Supervisors	3
Field Staff	1
Clerical	1
Others	2
Comments: Anyone with knowledge of the indicator or program area. This should be determined by individuals rather than category; probably will be representatives from all categories.	

How should we engage other staff in the assessment process?		
Response Choices	Number of Responses	Comments
Service Center Directors meeting discussion	8	
Separate retreat for discussion only	4	
Quality Improvement working group	4	
Engage throughout QI process	2	All staff.
Separate retreat for scoring indicators	1	Interesting to compare scores with directors
Other	1	Small team meeting to discuss a narrow range of topics, specific to that group's normal duties

Assessment Methodology

The directors were asked to rate their comfort level with all directors rating our health department on indicators not specifically related to the work of their service area. This was used to gauge both their comfort level with assessing service areas they were not familiar with as well as other directors scoring their service area. The average score was 3.9 out of 5 with a range of 1 to 5.

Comments on various methods for scoring were assessed and a wide range of responses were received. The original methodology was to use scorecards with numbers 1-4 representing four quartiles for a first vote and then after discussion to come to consensus with a second vote. One director commented that the scoring system was "okay but I wouldn't require consensus on 1st pass. I would revisit in follow-up

session for questions with wide variances between reviewers.” The group quickly determined a true consensus was not time effective and preferred using the average score. Comments below are ranked from most positive to most negative regarding each method. When asked, the directors all agreed that discussing individual indicators was useful and that the discussion sometimes changed their view.

Scorecards (Using numbers 1-4, using percentiles, etc)

Most directors (n=8) agreed that the scoring system used was useful. They commented that it was “beneficial to use scorecards designated 1-4 to rate the indicator in a range” and indicated “four options were easy to understand” “without building too many subtleties”. One director indicated the scoring was “too broad” and another was “unsure of the direct relationship to the ‘score’.”

Zero score (we gave this as an option, but it was rarely used)

While some directors stated that this options “probably should have been used more” (2 responses), others said it was “not useful or helpful” (3 responses) and one respondent noted “would not use—consider as 1 < 25%.”

Abstaining from voting

Respondents either determined that abstaining is “beneficial and should be encouraged” (3 responses) or that “all should vote after discussion” (2 responses).

Consensus vote/2nd vote after discussion

Positive responses varied from “beneficial (2 responses) to have additional information for some of the indicators” to “helpful, especially if question dealt with area that some were not familiar with” to “important.” Others commented that this process was “too time intensive” and “probably excessively burdensome. Averaging scores seems most appropriate for our group.” The overall opinion seems to be that “while discussion was helpful, coming to consensus in that day long session was too time intensive” and taking the average score is the best way to speed up the process.

Not applicable to our LHD (an option we didn’t use, but could be added)

Most the directors indicated this option is “probably useful (e.g., Personnel Board) but more relevant for smaller health departments.” (4 responses) Others stated this option is “not material to overall score” and “all of the indicators were applicable in some way to JCDH.”

Weighting (Could be an option in the future: prioritizing indicators in advance of scoring)

While a few directors indicated weighting “should be incorporated into the scoring”, most thought this would be “difficult to prioritize without discussion” and that “prioritization seems most likely to be relevant after discussion/scoring.” One director commented that “It was pretty clear that some group members did not know other programs well enough to score accurately.”

Retreat Evaluation

Most directors agreed it was useful to have the retreat off site and provided positive feedback on the planning of the retreat. Other comments included ways to improve the process in the future:

- A discussion of the indicators prior to scoring would have been helpful. Also, would have preferred 2 half-days vs. all day because of the volume. Otherwise, I thought the retreat went quite well.
- Web-based scoring prior to retreat and discussion at retreat to clarify.
- Expand to include others comments or the presence of some other directors

- If possible to include non-top management personnel. Limit discussion by individuals that have a tendency to talk too much.
- Good as it was.
- The retreat was well planned and executed.
- I think it was done well and we accomplished what we needed done.

Appendix E: Health Action Partners Survey Results

Health Action Partnership
Goal Group LISTSERV Survey Results Summary
January 11, 2008

1. How frequently do you communicate with other agencies involved in your goal group?

Response Choices	Number of Responses
Daily	0
Weekly	5
Monthly	5
Other	4-6 weeks; as needed; not sure

2. Please list any LISTSERVs to which you subscribe that you particularly like.

LISTSERV	Like	Dislike
www.nchi.org	well-moderated avoids spam e-mails	Paid members only, which reduces number of potential contributors
Pronet (Council on Foundations Program)	Option to receive "digest" or daily summary of messaging	Nothing so far
Voices, Covering Alabama Kids and Families, JeffCo Children's Policy Council	Good resource for info	Sometimes receive repetitive info
Various	Digest version option	Inappropriate discussions (e.g., individual conversation not relevant to entire or majority of group)
Can't remember the name	Provide relevant information	Too frequent information
Office of Minority Health Health and Human Services		Sometimes listservs become venue for people to complain and inbox becomes flooded with unnecessary e- mails
ALHELA	Easy communications	
MLA Consumer and Patient Health Info	Practical help with difficult consumer info requests Referral to resources	Too much e-mail

3. What do you perceive to be the benefits of a LISTSERV?

Response Choices	Number of Responses
Improved communication	11
Keeps members informed of events and meetings	12
Keeps members current on information	10
Provides progress reports	5
Other	0
Not familiar with LISTSERVs	0
Don't perceive there to be any benefits	0

4. Are there any particular features, safeguards, or rules that you would like to see included as part of a LISTSERV?

Summary of responses:

Respondents would like to an option to receive a periodic (daily, weekly or monthly) digest and a manager to screen posts, monitors content, and screen participants. Rules should include not disseminating e-mail address to outside persons or groups and prohibiting junk or personal e-mail.

5. What types of information should be transmitted via the LISTSERV?

Health Action Listserv	
Response Choices	Number of Responses
Health Action meeting requests	13
Announcements	12
Grant notices	11
Information on non-Health Action meetings of possible interest	6
General goal group announcements (all groups)	8
Other	0

Your Goal Group's Listserv	
Response Choices	Number of Responses
Meeting requests	10
Announcements	10
Messages to the group from individual members	8
Other	1

7. What is your role in your goal group?

Response Choices	Number of Responses
Goal chair	2
Goal co-chair	0
Goal group member	8
Other	1 guest
No response	2

6. What other ideas do you have for improving communication for Health Action goal groups?

- ◆ Bulletin disseminated monthly through the LISTSERV about progress and announcements.
- ◆ Make large Health Action meetings a quarterly activity, allowing goal groups to spotlight their work. (Rotate goal groups through the quarterly agendas.)
- ◆ Quarterly e-newsletters.
- ◆ Develop a Health Action website.
- ◆ For announcements, make sure they can only be distributed by owner of LISTSERV
- ◆ Wiki or Google Docs (or both)