

APPENDIX A: STORYBOARD TEMPLATE



LOCAL HEALTH DEPARTMENT NAME:	Kane County Health Department
ADDRESS:	1240 N. Highland Avenue, Aurora, IL 60506
PHONE NUMBER:	630-208-3801
SIZE:	Mid-size
POPULATION SERVED:	543,000
PROJECT TITLE:	<i>Improving the display of Maternal-Child Health data for community priority health goals in Kane County</i>

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started: We utilized the self capacity study tool to identify and prioritize a broad area for improvement in Essential service I, Data.

Next we formed a Plan-Do-Check-Act (PDCA) team to address a specific improvement area – display of internal and external data related to our Maternal-Child Health (MCH) disparity community health priority.

2. Assemble the Team: We assembled two existing Balanced Score Card Cross Cutting Committees, the Data Committee and the Quality Improvement/Process Improvement (QI/PI) Committee, our Senior Management team and Quality Improvement (QI) Consultant. As the plan developed, we involved other experts from the Department, our Public Information Officer (PIO), a translator, and a graphic designer.

3. Examine the Current Approach: While we had published our community health action plan and a scorecard with 2010, 2015, and 2030 goals for each of our five health priorities, we lacked any display product at all to assist our community stakeholders in understanding our current status and progress toward our goals. We used a matrix diagram to come to consensus on the specific focus for our data improvement:

Data Source	Internal Data	Both Internal and External Data	External Data
Collect			
Integrate			
Display		Selected: Display of data related to health priorities	

4. Identify Potential Solutions: Potential solutions we identified: display data on our website; produce brochures; work intensively on a clear, direct, and visually effective data template for community stakeholders.

5. Develop an Improvement Theory: We theorized that if we invested our resources, creativity, and communication skills in developing a data display template for one priority, MCH disparity, we could use this same template to communicate with community stakeholders on other priorities in our community action plan.

DO

Test the Theory for Improvement

6. Test the Theory: An MCH subgroup of our Team recruited additional Departmental experts, and, in the course of three meetings and significant email communication/commentary on several iterations of a visual data display product, developed a display draft that was ready for professional graphic assistance. We wanted the product to be published in both Spanish and English to meet the language needs of our community, so we translated the product.

Representatives from the MCH subgroup and the Department PIO met with a graphic designer to get graphic expertise for the preliminary product. Revisions were made to the product based on the graphic designer input and our editing team. A final data display product was created and duplicated for the CHECK portion of the cycle.

CHECK

Use Data to Study Results of the Test

7. Check the Results: The product was revised and then presented to the Public Health Committee of the County Board/Board of Health for feedback. These groups helped us greatly in pinpointing unfamiliar terms and jargon, insisting on greater simplicity, and advising us on sticking to our main goal of helping stakeholders understand our current status and progress toward the health goal. We found it was too easy for us as public health experts to put too much information in, use higher level terms and labels, and to mix health advice into the data message.

After feedback from the Public Health Committee was incorporated into the product, the MCH subgroup requested feedback on the MCH data display template from the Perinatal Committee (MCH leaders in the community), the All Our Kids (AOK) Early Childhood Network (representatives of agencies serving children ages 0-5), and the Circles of Wise Women (African American community women who are working to reduce disparities in our community). The input and feedback from these community groups was incorporated into the MCH display product. These groups helped us greatly in pinpointing unfamiliar terms and jargon, insisting a greater simplicity, and advising us on sticking to our main goal of helping stakeholders understand our current status and progress toward the health

goal. (It was very easy for us as public health experts to put too much information in, use higher level terms and labels, and to mix health advice into the data message.)

The display product was shared with the entire PDCA cycle team in a second PDCA meeting on 9/8/08 and feedback was elicited. At this same meeting, the subgroups formed to utilize a common data display template for the other 4 community health priorities, shared progress on their work in selecting data elements for display.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement

or Develop New Theory: This check process resulted in an improved product. Our expectations for the PDCA cycle improvement have been met initially but will be further tested as this same data display template is utilized to communicate with community stakeholders about the other four (4) community health plan priorities. This new data display template will be used in a broader PDCA cycle as we complete data displays to communicate current status and progress toward our 2010, 2015, and 2030 goals for all 5 priorities in the Community Action Plan.

Each subgroup will test its data display with community groups that are engaged in addressing the particular health priority area that their visual display depicts through text and graphic. This feedback, as evidenced by our initial PDCA cycle, is vital for assuring we produce a product that really speaks to the community stakeholder in clear language and engaging graphic.

9. Establish Future Plans: Final versions of these data display products will be published in a single publication that will be distributed to our community stakeholders along with the original Community Health Scorecard. We will use this publication in our Health Department communications strategy to improve our community's understanding of our health priorities. This increased understanding is vital to increasing stakeholder involvement in addressing these health priorities the remaining three years of the Community Action Plan. This PDCA process will be replicated in the development of data display products we use for other internal and external projects and purposes.