## Appendix B

### Results from Leadership Retreat

### 9.1 Evaluate Population-Based Health Services

<table>
<thead>
<tr>
<th>Statement</th>
<th>Dots</th>
</tr>
</thead>
<tbody>
<tr>
<td>We don’t put our money in the biggest killers:</td>
<td>17</td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Accidents, etc.</td>
<td></td>
</tr>
<tr>
<td>Is feedback used to improve programs? [diagram of set goals, collect data,</td>
<td>11</td>
</tr>
<tr>
<td>evaluate data to improve programs, and feedback in the middle of the</td>
<td></td>
</tr>
<tr>
<td>cycle, informing all steps]</td>
<td></td>
</tr>
<tr>
<td>Need to identify those programs that collect data now</td>
<td>10</td>
</tr>
<tr>
<td>• Then evaluate that data</td>
<td></td>
</tr>
<tr>
<td>• Plan what else is needed</td>
<td></td>
</tr>
<tr>
<td>o Develop performance objectives</td>
<td></td>
</tr>
<tr>
<td>Use strategic plan—need to develop tasks through the department,</td>
<td>9</td>
</tr>
<tr>
<td>coordinated to support these goals [top admin exchange communication</td>
<td></td>
</tr>
<tr>
<td>to/from front line workers]</td>
<td></td>
</tr>
<tr>
<td>Be sure entire work force understands goals</td>
<td>7</td>
</tr>
<tr>
<td>Some evaluation is done—needs to be more systematic and used routinely</td>
<td>4</td>
</tr>
<tr>
<td>to improve programs</td>
<td></td>
</tr>
<tr>
<td>Technical/Operation assistance is recommended (many resources available)</td>
<td>3</td>
</tr>
<tr>
<td>Need a logic model to guide our actions (must include political</td>
<td>2</td>
</tr>
<tr>
<td>considerations)</td>
<td></td>
</tr>
<tr>
<td>Use Healthy People 2010 as goals (HIV and Oral Health have done needs</td>
<td>2</td>
</tr>
<tr>
<td>assessments)</td>
<td></td>
</tr>
<tr>
<td>Surveys- public on-site</td>
<td>1</td>
</tr>
</tbody>
</table>

### 9.2 Evaluate Personal Health Services

<table>
<thead>
<tr>
<th>Statement</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Improve Quality of Services</td>
<td>24</td>
</tr>
<tr>
<td>• Comprehensive monitoring and assessment (1)</td>
<td></td>
</tr>
<tr>
<td>• More education, training, and qualified staff and resource levels (2)</td>
<td></td>
</tr>
</tbody>
</table>
- MOUs with partners for capacity, quality, and **accountability** (21)

<table>
<thead>
<tr>
<th>MOUs with partners for capacity, quality, and <strong>accountability</strong> (21)</th>
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</tr>
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</table>

**Create Process improvement teams consisting of staff + community + experts in response to recognized problems**

<table>
<thead>
<tr>
<th>Study Barriers to access</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Language barriers (4)</td>
<td>4</td>
</tr>
<tr>
<td>- Cultural barriers (1)</td>
<td>1</td>
</tr>
<tr>
<td>- Perceptions that we are at capacity (1)</td>
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</tr>
<tr>
<td>- Overlaps and gaps (4)</td>
<td>4</td>
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</table>

**Study Barriers to access**

- Language barriers (4)
- Cultural barriers (1)
- Perceptions that we are at capacity (1)
- Overlaps and gaps (4)

**Study Barriers to access**

<table>
<thead>
<tr>
<th>Measure impact to the citizens</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Feedback forms</td>
<td>5</td>
</tr>
<tr>
<td>- Surveys</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>o</strong> Currently only measuring deliverables and benchmarks</td>
</tr>
</tbody>
</table>

**Measure impact to the citizens**

- Feedback forms
- Surveys
  - **o** Currently only measuring deliverables and benchmarks

**Measure impact to the citizens**

<table>
<thead>
<tr>
<th>Measure Client Satisfaction</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Hostile environment (1)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>o</strong> Citations</td>
</tr>
<tr>
<td></td>
<td><strong>o</strong> Tickets</td>
</tr>
<tr>
<td>- Client surveys- annually (1)</td>
<td>1</td>
</tr>
<tr>
<td>- Complaints- “lack of” (1)</td>
<td>1</td>
</tr>
<tr>
<td>- Education seen through calls, complaints (1)</td>
<td>1</td>
</tr>
<tr>
<td>- On-site complaint/comment boxes (4)</td>
<td>4</td>
</tr>
</tbody>
</table>

**Measure Client Satisfaction**

- Hostile environment (1)
  - **o** Citations
  - **o** Tickets
- Client surveys- annually (1)
- Complaints- “lack of” (1)
- Education seen through calls, complaints (1)
- On-site complaint/comment boxes (4)

**Measure Client Satisfaction**

<table>
<thead>
<tr>
<th>Improve Access to Clinics</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>- One-stop services (2)</td>
<td>2</td>
</tr>
<tr>
<td>- Educate staff on available services and partners (3)</td>
<td>3</td>
</tr>
<tr>
<td>- Better job of referrals and follow-up to ensure they connect (3)</td>
<td>3</td>
</tr>
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**Improve Access to Clinics**

- One-stop services (2)
- Educate staff on available services and partners (3)
- Better job of referrals and follow-up to ensure they connect (3)

**Improve Access to Clinics**

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<thead>
<tr>
<th>Improve Client Satisfaction</th>
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</tr>
</thead>
<tbody>
<tr>
<td>- Give the community a voice (1)</td>
<td>1</td>
</tr>
<tr>
<td>- Provide Customer Satisfaction Training (2)</td>
<td>2</td>
</tr>
<tr>
<td>- Detail employee tasks and expectations (3)</td>
<td>3</td>
</tr>
<tr>
<td>- Monitor and visually monitor performance (1)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Improve Client Satisfaction**

- Give the community a voice (1)
- Provide Customer Satisfaction Training (2)
- Detail employee tasks and expectations (3)
- Monitor and visually monitor performance (1)

**Improve Client Satisfaction**

<table>
<thead>
<tr>
<th>Accreditation</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>- CLIA</td>
<td>1</td>
</tr>
<tr>
<td>- NELAP</td>
<td>1</td>
</tr>
</tbody>
</table>

**Accreditation**

- CLIA
- NELAP

**Accreditation**

<table>
<thead>
<tr>
<th><strong>9.3 Evaluate Public Health System</strong></th>
<th>38</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map PH system</td>
<td>38</td>
</tr>
<tr>
<td>- Develop mapping matrix (1st step) to determine partners’ roles (1)</td>
<td>1</td>
</tr>
<tr>
<td>- Put partners in the map; assign/prioritize; identify role in LPHS (12)</td>
<td>12</td>
</tr>
<tr>
<td>- Gap analysis (19)</td>
<td>19</td>
</tr>
<tr>
<td>- Identify where partners fit within the 10 Essential Public Health Functions (3)</td>
<td>3</td>
</tr>
<tr>
<td>- Are all services offered and are resources/services appropriately allocated? (1)</td>
<td>1</td>
</tr>
<tr>
<td>- Is there a system in the department to facilitate evaluation? (2)</td>
<td>2</td>
</tr>
</tbody>
</table>

**9.3 Evaluate Public Health System**

- Develop mapping matrix (1st step) to determine partners’ roles (1)
- Put partners in the map; assign/prioritize; identify role in LPHS (12)
- Gap analysis (19)
- Identify where partners fit within the 10 Essential Public Health Functions (3)
- Are all services offered and are resources/services appropriately allocated? (1)
- Is there a system in the department to facilitate evaluation? (2)
<table>
<thead>
<tr>
<th><strong>Who sees themselves as part of the LPH system?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• HDHHS needs to develop a language to use with partners in MOU’s (8)</td>
</tr>
<tr>
<td>• Data analysis from different parts of the LPHS (3)</td>
</tr>
<tr>
<td>• Develop a system to collect and analyze data (14)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Determine baseline for health indicators (1)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local PH entities should come together to establish common indicators (1)</td>
</tr>
<tr>
<td>• Customer satisfaction (1)</td>
</tr>
<tr>
<td>• Employee competency (11)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What should we evaluate?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication w/community and within organization</td>
</tr>
<tr>
<td>o Information flow, tools, linkages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>9.1 Evaluate Population-Based Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Technical / Operational <em>(3 red dots)</em></td>
</tr>
<tr>
<td>o Assistance is recommended (many resources available)</td>
</tr>
<tr>
<td>• Internally</td>
</tr>
<tr>
<td>o Use strategic plan—need to develop tasks through the department, coordinated to support these goals [top admin exchange communication to/from front line workers] <em>(7 red dots)</em></td>
</tr>
<tr>
<td>o Need a logic model to guide our actions (must include political considerations) <em>(2 red dots)</em></td>
</tr>
<tr>
<td>o State of Health report shows some measures—but data is dated</td>
</tr>
<tr>
<td>• Concern</td>
</tr>
<tr>
<td>o We don’t put our money in the biggest killers: <em>(17 red dots)</em></td>
</tr>
<tr>
<td>▪ Heart disease</td>
</tr>
<tr>
<td>▪ Cancer</td>
</tr>
<tr>
<td>▪ Accidents, etc.</td>
</tr>
<tr>
<td>• Some evaluation is done—needs to be more systematic and used routinely to improve programs <em>(4 red dots)</em></td>
</tr>
<tr>
<td>• Want to improve sharing of data—lots of good info available (develop Quality Improvement Team)</td>
</tr>
<tr>
<td>• Internal or External Evaluation Team?</td>
</tr>
<tr>
<td>• Need to identify those programs that collect data now <em>(9 red dots)</em></td>
</tr>
<tr>
<td>o Then evaluate that data</td>
</tr>
<tr>
<td>o Plan what else is needed</td>
</tr>
<tr>
<td>▪ Develop performance objectives</td>
</tr>
<tr>
<td>• Programs have evaluations, but we need to know which ones and are they “true evaluations”?; grants require some measures</td>
</tr>
</tbody>
</table>
• Is feedback used to improve programs? [diagram of set goals, collect data, evaluate data to improve programs, and feedback in the middle of the cycle, informing all steps] (11 red dots)

- **Evaluate Population-Based Services**
  - Surveys- public on-site (1 red dot)
  - Climate surveys
  - BMI's at start and end of program
  - Ask – nutritional survey – fruits and vegetables
  - Healthy People 2010 goals (HIV and Oral Health have done needs assessments) (2 red dots)
  - Strategic plan as a basis for goals and setting priorities (2 red dots)
  - Be sure entire work force understands goals (7 red dots)
  - Do we have baseline data? (1 red dot)
    - HIV, TB, reportable diseases have data
  - Where do we need evaluation?
    - Chronic disease
      - Risk factors
      - What are we doing?
      - Are we doing it well?

9.2 **Evaluate Personal Health Services**

9.2.1 **Evaluate Accessibility:**
  - **COH, County, Hospitals, Agencies, children @ risk, aging, human services**

  - Measurement activities
    - Community surveys by region
    - AIM – need access questions
  - Barriers to access
    - Language barriers (4 red dots)
    - Cultural barriers (1 red dots)
    - Perceptions
      - We are at capacity (1 red dots)
    - Overlaps and gaps (4 red dots)
    - Lack of understanding – silos
    - Under-insured, un-insured

9.2.2 **Quality of Personal Health Services**

  - Measure impact to the citizens (9 red dots)
    - Feedback forms
    - Surveys
    - Only measuring
      - Deliverables
      - Bench marks
• Accreditation (1 red dot)
  o CLIA
  o NELAP
• Current measures
  o 1st trimester enrollment
• Success is a component of quality
• # of cases of distemper and kennel cough
  o Tied to result to patient-outcome
• Adverse event
• Complaints

9.2.3 Client Satisfaction

• Hostile environment (1 red dot)
  o Citations
  o Tickets
• Client surveys- annually (1 red dot)
• Complaints- “lack of” (1 red dot)
• Education seen through calls, complaints (1 red dot)
• Return visits
• QA lab
• On-site complaint/comment boxes (4 red dots)

9.2.4 Information-Based Action

• Improve response by monitoring calls
• Modify communication based on responses
• Process improvement teams (14 + 4 dots)
  o Staff + community + experts in response to recognized problems
• Means in place to receive info

9.2.5 Improvements: Access, Quality, Client Satisfaction

Access
• Partner with Metro to find solutions
• One-stop services (2 red dots)
• Educate staff on available services and partners (3 red dots)
• Better job of referrals and follow-up to ensure they connect (3 red dots)

Quality
• Increase case management
• Comprehensive monitoring and assessment (1 red dot)
• More education, training, and qualified staff and resource levels (2 red dots)
• MOU’s with partners for capacity, quality, and accountability (21 red dots)

Client Satisfaction
• Meet or exceed their needs
• Give the community a voice (1 red dot)
• Provide Customer Satisfaction Training (2 red dots)
• Detail employee tasks and expectations (3 red dots)
• Monitor and visually monitor performance (1 red dot)

9.3 Evaluation of Local Public Health System

• What should we evaluate?
  o Communication w/community and within organization (2 red dots)
    ▪ Information flow, tools, linkages
  o Determine baseline for health indicators (1 red dot)
    o Local PH entities should come together to establish common indicators (1 red dot)
    o Customer satisfaction (1 red dot)
    o Employee competency (11 red dots)
• How are 10 Essential Public Health functions reflected in EPEs?
• Who sees themselves as part of the LPH system?
  o Who do we see as a part of the LPH system?
  o HDHHS needs to develop a language to use with partners in MOU’s (8 red dots)
  o Data analysis from different parts of the LPHS (3 red dots)
  o Develop a system to collect and analyze data (14 red dots)
• Who makes up the LPHS?
  o Develop a list of partners
  o Mapping LH system
    ▪ Develop mapping matrix (1st step) to determine partners’ roles (1 red dot)
    ▪ Put partners in the map; assign/prioritize; identify role in LPHS (12 red dots)
    ▪ Gap analysis (19 red dots)
    ▪ Identify where partners fit within the 10 Essential Public Health Functions (3 red dots)
  o Are all services offered and are resources/services appropriately allocated? (1 red dot)
  o Review evaluation standards (National Public Health Performance Standards)
    ▪ Use to set our standards
  o Create a checklist to determine if partners agree with standards
  o Is there a system in the department to facilitate evaluation? (2 red dots)
## Appendix C

### Priority Results from Brainstorming on Essential Service #9

<table>
<thead>
<tr>
<th>9.1 Evaluate Population-Based Health Services</th>
<th>Dots</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>We don’t put our money in the biggest killers: Heart disease Cancer Accidents, etc.</td>
<td>17</td>
<td>What is action item? Would require looking at dept priorities.</td>
</tr>
<tr>
<td>Is feedback used to improve programs? [diagram of set goals, collect data, evaluate data to improve programs, and feedback in the middle of the cycle, informing all steps]</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>
| **Need to identify those programs that collect data now**  
  - Then evaluate that data  
  - Plan what else is needed  
    - Develop performance objectives | 10 | Could do survey of dept to determine this – determine where gaps are. Could be done for 9.1 and 9.2. Educate workforce. |
| Use strategic plan—need to develop tasks through the department, coordinated to support these goals [top admin exchange communication to/from front line workers] | 9 | Not really an evaluation activity |
| **Be sure entire work force understands goals**  
Some evaluation is done—needs to be more systematic and used routinely to improve programs | 7 | Part of anything we do |
<p>| Technical/Operation assistance is recommended (many resources available) | 4 | Make this follow-up plan of 9.1.c. |
| Need a logic model to guide our actions (must include political considerations) | 3 | Will get consultant assistance |
| | 2 | |</p>
<table>
<thead>
<tr>
<th><strong>Use Healthy People 2010 as goals (HIV and Oral Health have done needs assessments)</strong></th>
<th>2</th>
<th><strong>Make this part of performance objectives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys- public on-site</td>
<td></td>
<td>1</td>
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### 9.2 Evaluate Personal Health Services

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</tr>
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- Better job of referrals and follow-up to ensure they connect (3)

**Improve Client Satisfaction**
- Give the community a voice (1)
- Provide Customer Satisfaction Training (2)
- Detail employee tasks and expectations (3)
- Monitor and visually monitor performance (1)

**Accreditation**
- CLIA
- NELAP

### 9.3 Evaluate Public Health System

**Map PH system**
- Develop mapping matrix (1st step) to determine partners’ roles (1)
- Put partners in the map; assign/prioritize; identify role in LPHS (12)
- Gap analysis (19)
- Identify where partners fit within the 10 Essential Public Health Functions (3)
- Are all services offered and are resources/services appropriately allocated? (1)
- Is there a system in the department to facilitate evaluation? (2)

**Who sees themselves as part of the LPH system?**
- HDHHS needs to develop a language to use with partners in MOU’s (8)
- Data analysis from different parts of the LPHS (3)
- Develop a system to collect and analyze data (14)

**Determine baseline for health indicators (1)**
- Local PH entities should come together to establish common indicators (1)
- Customer satisfaction (1)
- Employee competency (11)

**What should we evaluate?**
- Communication w/community and within organization
| o Information flow, tools, linkages |   |
9.1 Evaluate Population-Based Services

- Technical / Operational (3 red dots)
  - Assistance is recommended (many resources available)

- Internally
  - Use strategic plan—need to develop tasks through the department, coordinated to support these goals
    - Top admin exchange communication to/from front line workers (7 red dots)
  - Need a logic model to guide our actions (must include political considerations) (2 red dots)
  - State of Health report shows some measures—but data is dated

- Concern
  - We don’t put our money in the biggest killers: (17 red dots)
    - Heart disease
    - Cancer
    - Accidents, etc.

- Some evaluation is done—needs to be more systematic and used routinely to improve programs (4 red dots)
- Want to improve sharing of data—lots of good info available (develop Quality Improvement Team)

- Internal or External Evaluation Team?

- Need to identify those programs that collect data now (9 red dots)
  - Then evaluate that data
  - Plan what else is needed
    - Develop performance objectives

- Programs have evaluations, but we need to know which ones and are they “true evaluations”?; grants require some measures

- Is feedback used to improve programs? [diagram of set goals, collect data, evaluate data to improve programs, and feedback in the middle of the cycle, informing all steps] (11 red dots)

- Evaluate Population-Based Services
  - Surveys- public on-site (1 red dot)
  - Climate surveys
  - BMI’s at start and end of program
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• Risk factors
• What are we doing?
• Are we doing it well?

9.2 Evaluate Personal Health Services

9.2.1 Evaluate Accessibility:
COH, County, Hospitals, Agencies, children @ risk, aging, human services

• Measurement activities
  o Community surveys by region
  o AIM – need access questions
• Barriers to access
  o Language barriers (4 red dots)
  o Cultural barriers (1 red dots)
  o Perceptions
    § We are at capacity (1 red dots)
  o Overlaps and gaps (4 red dots)
  o Lack of understanding – silos
  o Under-insured, un-insured

9.2.2 Quality of Personal Health Services
• Measure impact to the citizens (9 red dots)
  o Feedback forms
  o Surveys
  o Only measuring
    § Deliverables
    § Bench marks
• Accreditation (1 red dot)
  o CLIA, NELAP
• Current measures
  o 1st trimester enrollment
• Success is a component of quality
• # of cases of distemper and kennel cough
• Tied to result to patient-outcome
  o Current lack of data
• Adverse event
• Complaints
9.2.3 **Client Satisfaction**
- Hostile environment (1 red dot)
  - Citations
  - Tickets
- Client surveys- annually (1 red dot)
- Complaints- “lack of” (1 red dot)
- Education seen through calls, complaints (1 red dot)
- Return visits
- QA lab
- On-site complaint/comment boxes (4 red dots)

9.2.4 **Information-Based Action**
- Improve response by monitoring calls
- Modify communication based on responses
- Process improvement teams (14 + 4 dots)
  - Staff + community + experts in response to recognized problems
- Means in place to receive info

9.2.5 **Improvements: Access, Quality, Client Satisfaction**

**Access**
- Partner with Metro to find solutions
- One-stop services (2 red dots)
- Educate staff on available services and partners (3 red dots)
- Better job of referrals and follow-up to ensure they connect (3 red dots)

**Quality**
- Increase case management
- Comprehensive monitoring and assessment (1 red dot)
- More education, training, and qualified staff and resource levels (2 red dots)
- MOU’s with partners for capacity, quality, and accountability (21 red dots)

**Client Satisfaction**
- Meet or exceed their needs
- Give the community a voice (1 red dot)
- Provide Customer Satisfaction Training (2 red dots)
- Detail employee tasks and expectations (3 red dots)
- Monitor and visually monitor performance (1 red dot)
9.3 Evaluation of Local Public Health System

- What should we evaluate?
  - Communication w/community and within organization (2 red dots)
    - Information flow, tools, linkages
  - Determine baseline for health indicators (1 red dot)
    - Local PH entities should come together to establish common indicators (1 red dot)
    - Customer satisfaction (1 red dot)
    - Employee competency (11 red dots)
- How are 10 Essential Public Health functions reflected in EPEs?
- Who sees themselves as part of the LPH system?
  - Who do we see as a part of the LPH system?
  - HDHHS needs to develop a language to use with partners in MOU’s (8 red dots)
  - Data analysis from different parts of the LPHS (3 red dots)
  - Develop a system to collect and analyze data (14 red dots)
- Who makes up the LPHS?
  - Develop a list of partners
  - Mapping LH system
    - Develop mapping matrix (1st step) to determine partners’ roles (1 red dot)
    - Put partners in the map; assign/prioritize; identify role in LPHS (12 red dots)
    - Gap analysis (19 red dots)
    - Identify where partners fit within the 10 Essential Public Health Functions (3 red dots)
  - Are all services offered and are resources/services appropriately allocated? (1 red dot)
  - Review evaluation standards (National Public Health Performance Standards)
    - Use to set our standards
  - Create a checklist to determine if partners agree with standards
  - Is there a system in the department to facilitate evaluation? (2 red dots)
Session Objectives

- Describe accreditation incentives & benefits
- Identify policy, practice, and performance changes that result from accreditation
- Outline NC accreditation program and Accreditation Road Map to create an accreditation system

NC Local Health Directors on Accreditation

- Identifies strengths and weaknesses
- Helps the agency “get organized”
- Provides a team building opportunity
- Institutionalizes processes which can be implemented in a crisis
- Garners recognition in community and other agencies

Accreditation Benefits and Incentives

- Incentives—tangible motivators for agency
  - Financial
  - Grant eligibility and administration
  - Technical assistance
- Benefits—intangible motivators for people
  - Internal agency
  - External community

NCLHDA Incentives

- $25,000 from State Legislature
- Technical Assistance
  - State consultants
  - Accreditation Administrator
- Eligible for new grants
- Fend off budget cuts

NCLHDA Internal Benefits

- Improved staff understanding of public health
- Team building opportunity
- Encourage collaboration across teams
- Highlights strength
- Identifies areas for improvements

NCLHDA External Benefits

- Improved relationships
  - Board of Health
  - County Commissioners
  - Community partners
  - Hospitals
- Peer site visitors can apply what they learn in their own health dept
- Recognition through press releases, events

Gaston County Celebrates!
Lincoln County Plaque Presentation

What is the Impact of Accreditation on Policy, Practice, Performance?

Policy Changes
- Agencies changes to prepare for accreditation
  - Wrote policies on existing practice
  - Updated policies
  - Created new policies
- Policy changes in all self assessment areas

Practice Changes
- Developing/revising strategic plans
- Updated licensing
- Enhanced personnel systems
- Improved Communications
- Increased interaction with Board of Health

Performance Improvement
- Customer services
- Human Resources
- Creating quality improvement teams
- Enhancing relations with partners

Danny Staley
Health Director Video Clip

NC Local Health Department Accreditation Purpose
To assure that local health departments have the capacity to provide a standard set of essential services on a statewide basis

NC LHD Models
- Single county health departments
- Multi county health districts
- Public health authority
- Human services
- Privatized
Phase 1: Development
- Local Health Directors Leadership
  - 2002 Task Force on Standards and Efficiencies
    - Local Health Directors
    - State Division of Public Health
    - NCIPH
  - 2004 Public Health Task Force Accreditation Committee developed standards

Phase 2: Pilots
- 2004 Pilot testing in 6 Local Agencies
- State Legislation (2004-05)
  - Continue Pilot testing in 4 sites
  - Constitute Accreditation Board
  - Report back to legislature

Phase 3: North Carolina Local Health Department Accreditation System
- 2005 State Legislature
  - Authorizing legislation
  - Ongoing appropriation
- 10 Health Departments/year
- Re-accreditation on a 4 year cycle

NLCHDA Process
- Training
- Technical Assistance
- Agency Self-Assessment
- Site Visit to clarify, amplify and verify
- Action by Accreditation Board
- Appeals Process
- Corrective Action Plans
- Evaluation

Partner Responsibilities
- NC DPH
  - Provides technical assistance through consultants
  - Participates in Accreditation Board
  - Through NC DHHS appoints Accreditation Board
- Health Directors
  - Prepare for Accreditation
  - Participate in Accreditation Board and Committee
  - Promote continuing quality improvement
  - Share best practices
- Accreditation Board
  - Implements standards
  - Awards accreditation status
- NCIPH
  - Accreditation Administrator—supports and directs process
  - Supports Accreditation Board
  - Conducts evaluation and quality improvement

Program Partners

Road Map
- Represents North Carolina’s “Collective Wisdom” on creating system
  - Reviewed with WA, MO, MI, IL
  - Disseminated through
    - Multi-state learning collaborative network
    - Meetings with other states on this journey
The North Carolina Institute for Public Health

Road Map Phases

- Planning
- Partnerships and Communication
- Piloting the System
- Implementing the System

Planning

- Leadership
  - Shared Vision for public health
  - Vision and leaders support accreditation
- Conducive environment
- Strategy for political support
  - Governors office, legislature
  - Local gov, Boards of Health

Partnerships and Communication

- Partnerships
  - State, local public health
  - State, local government
  - Public health/other associations
  - Schools or programs in public health
- Communication: Benefits of accreditation

Partnerships and Communications Parables

State Legislator
Improving public health quality

County Commissioners
Unfunded mandate

Creating the System

- Identify conceptual framework: standards
- Translate framework into requirements
- Identify local health agency unit:
  - Single, multi-county health departments
  - Health Districts
  - Combinations
- Create policies and procedures for system components

Creating the System (cont’d)

- Create accreditation entity operating procedures
- Establish roles for partners
- Identify funding sources
- Review system to ensure it will achieve aims and goals

Piloting the System

- Develop all system elements and tools
- Design, implement pilot, include CI process
- Plan strategy to communicate pilot results
- Ensure continued funding
- Assure environment (policy, funding) ready to support full system

System Implementation

- Ensure Accreditation Entity
  - Implements system components, policies
  - Has adequate resources, oversight
- Design and implement system evaluation
- Create strategies to continue leadership, partnership, political support, funding
- Plan to communicate success

On the Elevator

- Planning
- Partnerships
- Identify benefits and supporters early
- Pilot test
- Celebrate!
National Process Update

• Public Health Accreditation Board established
• Standards being created: vetting this fall
• Pilot testing in 09-10
• Open for business in 2011
• www.phaboard.org

Resources

CDC/UNC PH Grand Rounds
http://www.publichealthgrandrounds.unc.edu

NCLHDA
http://nciph.sph.unc.edu/accred/index.htm

Accreditation Road Map
http://nciph.sph.unc.edu/mlc/roadmap.htm
November 3, 2008
Draft Agenda

9:00 AM  Arrival; refreshments  All

9:15 AM  Welcome; introductions; charge to the group  Stephen Williams?

8:45 AM  Evaluation as a part of Quality improvement (QI) in public health settings  Kay Edwards

9:45 AM  Health department/QI data already available

10:15 AM  Use of QI tools, such as the PDCA model  Kay

10:30 AM  BREAK

10:45 AM  Narrowing down to aim statement  Kay with all

12:00 Noon  LUNCH

1:00 PM  Individual meetings with Department units  Kay with units

5:00 PM  Site visit ends
Public Health Quality and Agency Accreditation

Houston Department of Health and Human Services
November 3, 2008

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Evaluation as a key to quality improvement (QI) in public health settings

Why is evaluation of public health work important?
• It shows others what is being done
• It should assist with resource allocation
• It can lead to improved methods
• It should lead to better decisions
• It can objectively suggest what is intuitively believed to be fact

Challenges for basing accountability on improving health outcomes…
• Interventions can take a long time before health effects are seen/known
• Evidence-based interventions may more likely be geared to impacting behaviors, rather than health
• Data collection and surveillance systems may not exist to measure the desired change in health

Source: TFAH, 2008, p. 26

How can busy public health workers appreciate evaluation’s significance?
• Find out what motivates the workers
• Incorporate some of that, into work design
• Connect the work done with incentives
• Link performance with outcomes?

How are evaluation and agency accreditation linked?

Why should a public health agency want to become voluntarily accredited?
• Accreditation can show the use of solid standards to measure public health success in a community
• It means having in place an approach for continually improving public health services
• It can demonstrate participation in the nationally recognized method of establishing public health accountability.

Rationale for QI in public health settings
• The Future of the Public’s Health called in 2003 for a national Steering Committee to examine accrediting governmental public health departments
• The CDC Futures Initiative identified accreditation as a key strategy for strengthening public health infrastructure

Accountability and quality improvement
• The Future of the Public’s Health called in 2003 for a national Steering Committee to examine accrediting governmental public health departments
• The CDC Futures Initiative identified accreditation as a key strategy for strengthening public health infrastructure
In 2005, the Robert Wood Johnson Foundation’s Exploring Accreditation project was launched. Several statewide accreditation or related initiatives for state and local health departments also were launched.

...what about accreditation of public health agencies in tandem with credentialing of public health workers?

Plans for developing standards for accreditation are underway, as is preparation for public health departments that decide to take part in the voluntary effort. Via a process where public health programs, agencies or systems are reviewed to ensure that uniform standards are being met, slated to begin in 2011.

The Public Health Accreditation Board has been established. The Board’s ultimate goal is to accredit all of the nation’s public health agencies, including state and territorial health departments, tribal health agencies as well as the country’s 3,000 local health departments. Source: http://www.phaboard.org/

U.S. accreditation of public health agencies...

Accreditation...is it really coming?

U.S. accreditation of public health agencies...

Accreditation...is it really coming?

Accreditation...is it really coming?

Public Health Accreditation Board (PHAB)

Established May 2007
Non-profit 501(c)(3)
Located in Alexandria, VA

Goal of a National Public Health Accreditation Program

To improve and protect the health of the public by advancing the quality and performance of state and local public health departments.

Eligible Applicants

Any governmental entity with primary legal responsibility for public health in a state, territory, tribe, or at the local level:

- State Health Departments
- Local Health Departments
- Tribal Health Departments
- Territorial Health Departments
Benefits of Accreditation
- Improves understanding of public health
- Promotes sharing best practices
- Provides a team-building opportunity for LHD staff
- Improves LHD staff understanding of co-worker function and roles
- Highlights LHD strengths
- Identifies areas for health department improvement

For more information on accrediting of public health agencies:
www.phaboard.org

Public health work force credentialing
- Agencies could consider reviewing work force credentials as part of their accreditation process
- That could lead to the creation or application of work force standards and guidelines, where they exist, e.g., certification for sanitarians/environmentalists
- And that may mean that targeted and lifelong learning opportunities for public health workers will be needed more than ever

Public health work force credentialing-2
- Another aspect of credentialing is that it may identify incentives for the public health work force, such as:
  - Job security, upward mobility, and higher salaries for individuals
  - And if agency accreditation is linked to work force credentialing, incentives to upgrade individual worker competencies might become evident

Benefits of becoming a certified public health professional:
- Sets a standard of knowledge and skills in public health
- Encourages lifelong learning
- Adds credibility to the public health profession
- Increases awareness of public health
- Should contribute to the environment of a professional community

Who Can Take the Certification Exam?
- To be eligible to sit for the National Board of Public Health Examiners certification exam (to earn the CPH) one must have a graduate level (Masters or Doctoral) degree from a CEPH-accredited school or program of public health
- More details can be found at: http://www.nbphe.org/

Where is the exam taken?
- There are over 300 testing centers nationwide.

Purpose of QI activities
- To help explain budget shortfalls?
- To prioritize what the agency should first do?
- To continuously improve services for citizens?
- To increase professionalization of staff?
**Benefits of QI activities for the community**
- Citizens expect that their public agency workforces are providing services up to standards of expectation.
- As people and organizations evolve in a given field, the accreditation of the work of that field generally assumes that the practitioners of it will improve their own practice in that field.

**How can QI activities assist a public health agency?**
- By arriving at more objectively driven decisions.
- To possibly decrease tension.
- To move more quickly to decisions.
- To offer staff a variety of processes to reach goals.

**What is the most important aspect of quality improvement activities in public health departments?**
- Citizens expect that their public agency workforces are providing services up to standards of expectation.
- As people and organizations evolve in a given field, the accreditation of the work of that field generally assumes that the practitioners of it will improve their own practice in that field.
- Those who fund public health work in future will come to expect it.
- Granting agencies will require it.

**Is there a downside to QI?**
- Some say they are too busy to work on QI projects.
- Some say the QI fad will pass.
- Some say I've done this before...

**Of the things your unit has done, what makes you most proud?**

**What's your unit's next great opportunity?**

---

**Plan Do Check Act**
…no matter how you organize it

---

**Examples of Organizational Methods:**
- Regular Review Process
- Quality Council
- QI Teams
- Coaching
- Peer Networks
- Collaboratives

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**Performance management in public health**

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**QI is part of managing performance**

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**Source:** Turning Point Performance Management Collaborative, *From Silos to Systems: Using Performance Management to Improve the Public’s Health*, March 2003.
...or what tools you use

Examples of QI Tools:
- Flow Charts (Process Maps)
- Control Charts
- Affinity Diagram
- Fishbone Diagram
- Pareto Chart

Examples of QI Initiatives in Public Health
- Pilot projects in several Multi-State Learning Collaborative (MLC-2) States (MI, FL, KS, MN, WA)
- Teams applying QI to public health
  - Outcomes
    - Processes & Activities
    - Capabilities, such as the 10 Essential Public Health Services
- Case stories of QI making a difference:
  - Syphilis - Orange County, FL
  - Media Capacity - Berrien County, MI

The causes of many public health problems may not be what you think.

"Could Syphilis Be Linked to Office Gossip?"

Some Quality Improvement (QI) Applications in Public Health

Diary of a Successful QI Team
- Mapped processes to identify improvement opportunities
- Focused on root causes, esp. staff turnover
- Brainstormed changes within their control or influence
- Kept action registers
- Tracked monthly data

STD Team Results
- Syphilis declined more than 25% in 2006
- Improved and controlled processes underpinning the team’s effectiveness
- Achieved 100% conformance for field blood draw standards in two consecutive months
- Increased and maintained a cluster index above the CDC standard (1.0) for four consecutive quarters
- Stopped DIS staff turnover (a root cause)
  - Achieved zero employee turnover in the first half of 2006; 6 persons left the STD team in 2005
  - Achieved full staffing for first time in group memory
- Improved morale and teamwork

Quality Concepts and Tools

Plan–Do–Check–Act
- Plan
  - Changes aimed at improvements, matched to root causes
- Do
  - Carry out changes; try first on small scale
- Check
  - See if you get the desired results
- Act
  - Make changes based on what you learned; spread success

Another Quality Improvement Application:
Improving Media Capacity
- Berrien County, Michigan
- Two related improvement opportunities:
  - Public awareness of services and programs
  - Department media capacity
- Used QI methods to study current situation
  - Frequency of articles
  - Reactions
  - Internal processes

The storyboard handout shows the STD QI team’s methods & results
Also available at: http://www.phf.org/infrastructure/OCHDstoryboard.pdf
Plan–Do–Check–Act

Plan:
1. Select the problem or improvement opportunity
2. Describe the current process
3. Describe all of the possible causes of the problem, and agree on the root cause(s) to address
4. Develop a workable solution and action plan, including targets or measures to know if the change is an improvement

Model for Improvement
What are we trying to accomplish?
What change can we make that will result in improvement?
How will we know that a change is an improvement?

Plan–Do–Check–Act

• 5. Do: Implement the solution or process change
• 6. Check: Review and evaluate the result of the change
• 7. Act: Reflect and act on learnings

Applying PDCA to a LHD
• Genesee County, MI wanted to improve its disease surveillance capacity
• CD information came from multiple, separate data streams, in varying formats, housed in various locations, with some citizen input in handwriting
• Three separate HD programs were responsible for the data and some HD areas could not access all of the data

Applying PDCA to a LHD-2
• Goal was to digitize, make compatible, and place all CD data in a newly developed system
• QI concepts had been introduced to the dept. 15 years earlier and other areas of the dept. had used QI methodology
• Dept’s broad plan was felt to need narrowing into two separate projects

Applying PDCA to a LHD-3
• One project focused on designing a database to log and document environmental health foodborne illness complaints and investigations
• The other project focused on improving the quality of data collected in the HD’s school/childcare reporting system

Applying PDCA to designing the foodborne illnesses log via nine steps:

Step one: select the problem or improvement opportunity
• In step one, used brainstorming and reviewing data (employee surveys regarding organizational communication and culture; anecdotal information gathered by the food service program manager and the CD manager; and anecdotal information from staff, during strategic planning sessions)

Applying PDCA to designing the foodborne illnesses log via nine steps:

Step two: Assemble the team
• Team consisted of four members with direct responsibility for surveillance, or surveillance support, in EH, CD, nursing, epi, and health information systems
• Two members provided CQI technical support
• HD created a table of biweekly meetings, activities, and responsibilities
• Team developed a work plan, with short and long term goals
### Applying PDCA to designing the foodborne illnesses log: **Step three: Examine the current approach-1**
- Team determined the root cause of the problem to be addressed by: reviewing paper records to assess completeness of complaint forms; conducted a needs assessment of staff who received complaint forms (clerical and food service staff); and charted an analysis of the data fields likely to be incomplete and why incomplete.

### Applying PDCA to designing the foodborne illnesses log: **Step three: Examine the current approach-2**
- Process map was constructed to graphically illustrate current process (see handout on p. 63, of MI QI Guidebook).
- Findings from this step showed that charting the actual process highlighted places where improved communication between units was needed, and so the aim statement was revised to reflect vital communication work.

### Applying PDCA to designing the foodborne illnesses log: **Step four: Identify potential solutions**
- Aim statement was revised.
- Reviewed all data and process maps, and researched model practices.
- Created a database and e-forms, with an auto-fill function available.
- Created a logic model, for project planning (see handout on p. 65 of MI QI Guidebook).
- Best or model practices were reviewed.

### Applying PDCA to designing the foodborne illnesses log: **Step five: Develop an improvement theory**
- If communication between EH and CD were improved and regularized, small foodborne illness outbreaks would not be overlooked,
- If the HD moved from a paper-based system in EH to an electronic one, foodborne illness surveillance would be improved and all data fields would be filled in, with no lost records; pilot testing was carried out.

### Applying PDCA to designing the foodborne illnesses log: **Step six: Test the theory**
- Theory about cross-divisional communication was tested during a suspected foodborne illness outbreak investigation.
- Theory about ideal EH intake form and log was tested by piloting a paper version of the proposed e-form, also using a satisfaction form survey of employees.

### Applying PDCA to designing the foodborne illnesses log: **Step seven: Study the results**
- After paper versions of e-forms were tested with EH clerical staff and sanitarians, problems and issues with the form were identified.
- Feedback from staff was evaluated and used to revise the form, prior to specifications being sent to the software designer.

### Applying PDCA to designing the foodborne illnesses log: **Step eight: Standardize the improvement or develop a new theory**
- Improvements to the database were ongoing at the time of the writing of this MI QI Guidebook.
- Outreach by the consultant to the HD case contact person has been made...
- Learned that standardized process maps for food and CD staff are complete and have been implemented and incorporated into protocols for the HD’s cross-divisional investigation and response team.

### Applying PDCA to designing the foodborne illnesses log: **Step nine: Establish future plans**
- Articles were published in an internal agency newsletter.
- Monthly updates were provided at HD management team and EH food program staff meetings.
- Project was highlighted in that year’s state of the county address.
- Other HD programs are using the process maps and the HD strategic plan contains two specific QI strategies.

### Lessons Learned by Genesee
- According to the chief QI person for the project, here’s an update (Sept., 2008):
  - EH supervisor highly values; field staff still “missing” some of the paper forms.
  - Data so far are more complete.
  - Epi and nursing units also satisfied with; internal customer survey to be done in Jan.
Lessons Learned by Genesee-2

- Using PDCA, which is rigorous, if done correctly, lets the organization fix something one time...
- Confidence in staff decision making is enhanced when real solutions are seen
- This leads to confidence by CEO and IT decision makers that resources should be expended in behalf of QI efforts

Lessons Learned by Genesee-3

- Involvement of IT systems representatives in departmental improvement processes is stronger

Short-term measures of changes that lead to improvement in...

**CAPACITY**
- Health dept. workforce turnover
- Completion of annual health profile by every LHD

**PROCESS**
- No-show WIC appointments
- % women who receive adequate prenatal care

**OUTCOME**
- Influenza deaths
- Multi-drug resistant tuberculosis cases

Choosing the Right QI Tool

- Do we need to EXPAND or FOCUS our thinking?
- Are we working with ideas or numbers?
- What will be the easiest tool that will do the job?

Getting to the Heart of Tough Problems

**Why pause to examine "root causes" of public health performance or quality issues?**

Successful Improvement Efforts

Analyze and Address "Root Causes"

Why can’t we make progress on ____________?

Is it because of:
- Methods / procedures?
- Motivation / incentives?
- Materials / equipment?
- People (personnel, partners, providers, or patients)?
- Information / feedback?
- Environment?
- Policy?

Generate Ideas About Causes Brainwriting or 6-3-5 Method:

- Five minutes for three ideas and six people
- 3 Ideas Per Row
- 1. Yours
- 2. Your neighbor’s (pass paper to right)
- Build on their idea (Dig deeper – What causes that?)
- Let trigger a related idea (Start a new idea)

Group Ideas into Categories (Affinity Diagram p. 12)

- Phrase the issue under discussion in a full sentence
- Brainstorm 20 ideas about the issue and record each on a large Post It note
- Make groupings of the ideas on the notes that relate to each other
- Create a summary/header card for the groupings of notes, until all in the discussion are comfortable with the groupings

Affinity Diagram

- Reasons for Reporting Lag
- **Groupings**
- **Health profile overdue**
- **No-show WIC appointments**
- **No follow-up from health department**
- **Online form hard to use**
- **No penalties**
- **No clear time standards**
- **Providers see no benefit to timeliness**
- **Reports sent to wrong health department**
- **No one assigned at doctor’s offices**
Affinity Diagram

<table>
<thead>
<tr>
<th>Reasons for Reporting Late</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
</tr>
<tr>
<td><strong>Incentives/Consequences</strong></td>
</tr>
<tr>
<td><strong>Methods</strong></td>
</tr>
<tr>
<td><strong>People</strong></td>
</tr>
<tr>
<td><strong>Information</strong></td>
</tr>
<tr>
<td><strong>Materials</strong></td>
</tr>
</tbody>
</table>

Interrelationship Digraph (p. 76)

20% of sources cause 80% of any problem

Separate the drivers from the outcomes among related issues

Brainstorming (p. 19)

- Technique to generate many ideas in a short period of time
- Ideas solicited without judgment from team members
- Set a high minimum number (e.g., 15-20) to push beyond
- Do 2-3 rounds

Quality Tools Help Organize Ideas on Problems and their Causes

Seven basic tools of **quality management**
- Check sheet
- Control chart
- Flowchart
- Scatter diagram
- Histogram
- Pareto chart
- Cause and effect diagram

Invest in data collection over a short period

Examples:
- **Check sheets** (p. 35)
  - Tally observations
  - Record events
- **Mini-surveys**

Root Cause Checklist

- Make sure all possible causes of a problem are identified
- Use list as a prompt to expand thinking if needed
- May be substitute method

Root Cause Checklist

- Make sure all possible causes of a problem are identified
- Use list as a prompt to expand thinking if needed
- May be substitute method
Control charts (pp. 36-51)
- Look at variation and its source
- Select process to be charted
- Determine sampling method and plan
- Begin data collection
- Calculate appropriate statistics

Flowchart
- Helps to
- Clarify and picture processes
- Identify breakdowns, bottlenecks, and improvement opportunities
- Find places where additional data can be collected

IDENTIFY WHICH CAUSES TO ADDRESS - GO FOR HIGHEST IMPACT

Flowchart
- Use to check and clarify how processes work
- Helps to identify breakdowns and bottlenecks
- Examines relationships among process steps in systems

Scatter diagram: Graphical display of distribution of two variables in relation to each other

Histogram (p. 66)
- Graphically represents data collected over time
- Presents the data in a frequency distribution in bar form

Pareto chart
- Pareto Principle: 20% of sources cause 80% of any problem
- Why do we have trouble following up with confirmed tuberculosis cases?
- Reasons:
  - Not assigned in 1 day
  - Client refuses contact
  - Address errors
  - Language barriers

IDENTIFY WHICH CAUSES TO ADDRESS - GO FOR HIGHEST IMPACT
Pareto Principle:
(p. 95)
20% of sources cause 80% of any problem
Why do fewer clients in clinic B receive HIV tests?

Reasons
Too much time 3
Client does not want 5
Not offered 39
Unable to return 1
Language barriers 2

IDENTIFY WHICH CAUSES TO ADDRESS • GO FOR HIGHEST IMPACT

Cause & Effect Diagram
1. Agree on Problem Statement
2. Generate Causes
3. Construct Diagram

Nominal Group Technique (p. 91)
• Helps to prioritize and create consensus from a list of potential causes or solutions
• Allows every team member to rank choices

IDENTIFY WHICH CAUSES TO ADDRESS • GO FOR HIGHEST IMPACT

Comprehensive performance management
• Incorporates goals, spending, service delivery, and results
• Goals are part of the strategic plan
• Spending relates to evidence-based or results-based budgeting
• Service delivery relates to all of the work that your programs carry out
• Results... are the hardest to identify...

Emphasis of performance measurement...
• For some municipalities, performance measurement is reflected at public websites where citizens can view performance measures and results
• Departments present one outcome measure, the one, most important key result measure for each program
• Source: www.gfoa.org.pm

A Human Rights Approach to Setting Priorities in Health
• A moral and legal imperative exists to respect, protect, and fulfill human rights in relation to the delivery of health services and for health more generally.
• Based on international norms and standards, we suggest the following to be key elements of a human rights approach:
  1. Direct concern with equity in the utilization of resources
  2. Examination of the factors that may constrain or support planned interventions, including the legal, policy, economic, social, and cultural context.

A Human Rights Approach to Setting Priorities in Health-2
• 3. Participants and negotiation between all stakeholders, even as primary responsibility rests with government officials to facilitate these processes and to determine which interventions may have the biggest impacts on health
• 4. Government responsibility and accountability for the manner in which decisions are made, resources are allocated, and programs implemented and evaluated, including the impact of these decisions on health and well-being.

Source: Gruskin and Daniels, 2008
Thank you, and best of good fortune in your quality improvement activities…….
Kay Edwards
Appendix G

Model Evaluation Program

Houston Department Health and Human Services
Community Gardens

EVALUATION PLAN

Introduction
The Houston Department Health and Human Services (HDHHS) Community Gardens will align with the following Healthy People 2010 goals and objectives:

**Healthy People 2010 Goals**

1. Increase quality and years of healthy life
2. Eliminate health disparities among segments of the population

**Healthy People 2010 Objectives**

**Focus Area 19: Nutrition & Overweight**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.1</td>
<td>Healthy weight in adults (age-adjusted, aged 20 and over) (60%)</td>
</tr>
<tr>
<td>19.5</td>
<td>Fruit intake – At least 2 daily servings (age-adjusted, aged 2 years and over) (75%)</td>
</tr>
<tr>
<td>19.6</td>
<td>Vegetable intake – At least 3 daily servings with at least ⅓ being dark green or orange (age-adjusted, aged 2 years and over) (50%)</td>
</tr>
<tr>
<td>19.18</td>
<td>Food security among US households (94%)</td>
</tr>
</tbody>
</table>

The project will also help address two of the seven priorities identified by HDHHS strategic plan for 2007-2010.

**Houston Department of Health and Human Services Priorities**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Optimize well-being through the provision of human services</td>
</tr>
<tr>
<td>7</td>
<td>Reduce the incidence of chronic diseases</td>
</tr>
</tbody>
</table>

**Evaluation Team**

The evaluation team representing collaboration between academic, health care and community residents/organization will be led by Janet Aikins, Ph.D., M.P.H., Management Analyst, Bureau of Health Planning and Evaluation, Houston Department of Health and Human Services; and Linda Lloyd, Ph.D., MBA, MSW, Associate Dean, Public Health Practice, University of Texas School of Public Health (UTSPH). Dr. Lloyd provides instruction, while Dr. Aikins serves as the Field Supervisor for PH3730: Health Program Planning, Implementation and Evaluation to master’s level students at the UT School of Public Health. They have also previously attempted to evaluate HDHHS programs. Other HDHHS staff – Alexander Curtis, Bureau of Health of Health Promotion and Health Education, as well as project stakeholders will be recruited to join the evaluation team.
Data Collection

All administrative support staff involved in HDHHS Community Garden project will be trained in correct data collection procedures. A database will be created for all quantitative data relating to the project. The data will be de-identified and linked through a unique identifying number. Other qualitative data will be submitted to Dr. Janet Aikins, who will ensure that anecdotal versions are included in the final reports.

Program Evaluation

The evaluation will produce semi-annual reports as well as a final report following the implementation of the project. The CDC Framework for Program Evaluation in Public Health will be used in this evaluation.

a) Engaging the stakeholders

The project planners will identify and recruit stakeholders for the project. Criteria for selecting the stakeholders will be documented. The selected stakeholders will become the coalition members who will be included in all stakeholder meetings.

Variable to be tracked (Process measure)

- Recruitment strategies used
- Number of stakeholders recruited
- Number of stakeholder meetings implemented
- Number of stakeholders attending meetings to address garden issues
- Number of garden issues resolved

b) Describing the program

Program activities based on available resources, and expected effects on the community and its residents will be provided to stakeholders. Simultaneously, additional measures meeting stakeholder needs will be solicited and integrated into the program to assure buy-in and the successful implementation of the proposed logic model.

Deliverable: Modified HDHHS Community Garden Logic Model
Variable to be tracked (Process measure)

- Program advertisements
- Number of community residents recruited for the program
- Demographics of participants
- Number of community residents selected for the program (by pre-determined criteria)
- Number beds assigned to participants (by site/bed selection criteria)
- Type of fruits planted (selection criteria)
- Type of vegetables planted (selection criteria)
- Planting season/time
- Produce distribution process

c) Focus the evaluation design

Data collected by program staff will be processed and analyzed by the evaluation team. Semiannual reports will be segmented for:

- Coalition members (with measures indicating community involvement and motivation);
- Garden participants (with measures specifically addressing their progress in terms of physical engagement in, improvements in their knowledge of gardening);
- Program implementers (with measure specifying benchmarks of expected timelines).

d) Gathering credible evidence

Data will be collected from garden participants, stakeholders, and program staff. This will include observations made by health educators during Nutrition classes, program coordinators, as well as data collection forms modified from the Community Food Project Evaluation Toolkit. Outcomes to be tracked as process measures include- percent of community of residents selected for the program; number of recruitment attempts made by HDHHS MSC Community Involvement Specialist to recruit garden participants; number of contacts made to recruit stakeholders/community leaders; number of planning meetings involving stakeholders; percent of stakeholders who attend planning meetings; coalition member satisfaction with the implementation process.

---

Outcome measures to be gathered include - percent of gardeners attending nutrition classes; percent of gardeners following recommended garden rules and regulations; residents receiving produce from HDHHS Community Gardens; amount of produce donated to non-garden participants and area agencies; participant satisfaction at the end of the program; and percent of gardeners who consume 2 fruits daily; percent of gardeners who consume 3 vegetables daily; and percent of gardeners who increase physical activities. Additional measures may be included if necessary based on stakeholders feedback

e) Justify conclusions

Qualitative and quantitative data analysis will be done by the evaluation team. They will include both participant/household and community specific outcomes that are useable, feasible, appropriate and accurate. The program objectives are listed in Table 1: Table of Objectives.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>MODE OF MEASURE</th>
<th>TIME FRAME</th>
<th>ANALYSIS/GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>To mobilize community residents</td>
<td>Engage stakeholders/community leaders:</td>
<td>Early planning stages (10/2008 through 01/2009)</td>
<td>Absolute number of</td>
</tr>
<tr>
<td></td>
<td>• Number of recruitment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Table of objectives
<table>
<thead>
<tr>
<th>To provide nutrition education</th>
<th>Efforts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage community residents</td>
<td>Number of leaders in garden coalition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of planning meetings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of community leaders/stakeholders attending meetings</td>
<td></td>
</tr>
<tr>
<td>To facilitate increase in fruit and vegetable intake by community residents</td>
<td>Efforts</td>
<td></td>
</tr>
<tr>
<td>To facilitate increase in physical activity of community residents through gardening</td>
<td>Efforts</td>
<td></td>
</tr>
<tr>
<td>To increase access to affordable and fresh produce</td>
<td>Efforts</td>
<td></td>
</tr>
</tbody>
</table>

### Engage community residents
- Number of community residents recruited
- Number of community residents selected for gardening

### Efforts
- Number of nutrition education classes held
- Number of community residents attending
- Pre-post test of nutrition knowledge

### To provide nutrition education
- Pre-post tests at beginning of class DATE
- Post-tests at the completion of program Phase 1 June 2009

### To facilitate increase in fruit and vegetable intake by community residents
- Pre-post test of intake of 2 fruits daily by garden participants
- Pre-post test of intake of 3 vegetables daily by garden participants

### To facilitate increase in physical activity of community residents through gardening
- Pre-post tests of physical activities of garden participants
- Number of community residents assigned community garden beds
- Number of participants engaged in gardening activities

### To increase access to affordable and fresh produce
- Number of participants receiving produce from harvest
- Number of non-participants/families receiving from harvest
- Amount of produce donated to food agencies

Upon completion of Phase 1, June 2009

**Percent/Number of participants (100%)**

**Absolute numbers**

**Pounds (lbs)/$ values of produce**
Semi-annual and annual reports from the evaluation team will be presented to program stakeholders for reassessment of program process and objectives. Both the process and outcome measures used can be used to determine if the HDHHS Community Garden program was effective in meeting its objectives. The data analysis will provide information that can be used for process improvement for effectiveness.

Reference

## Community Garden Logic Model

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>S-T OUTCOMES</th>
<th>I-T OUTCOMES</th>
<th>L-T OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding agencies</td>
<td>Develop partners</td>
<td># of partners</td>
<td>Triangular partnership</td>
<td>Improve HDHHS capacity to mobilize community</td>
<td>Reduce incidence of chronic diseases</td>
</tr>
<tr>
<td>Exxon</td>
<td>Project planning meetings</td>
<td># of partners in meeting</td>
<td>Community mobilization</td>
<td>Improve community health and well being</td>
<td>Improve communit y health and well being</td>
</tr>
<tr>
<td>mobile Pate</td>
<td>Advertisement</td>
<td># advertising media used in communities</td>
<td>Increase gardening knowledge</td>
<td>Enhance access to fresh produce</td>
<td></td>
</tr>
<tr>
<td>Engineering Bury &amp; Partners</td>
<td>Recruitment</td>
<td># community residents recruited</td>
<td>Increase nutritional knowledge</td>
<td>Improve participant s physical activities</td>
<td></td>
</tr>
<tr>
<td>McDunkin</td>
<td>Garden teams formation</td>
<td># garden teams formed</td>
<td>Gain nutritional food preparation skills</td>
<td>Provide shade from summer heat</td>
<td></td>
</tr>
<tr>
<td>Redman</td>
<td>Solicit funds</td>
<td># donors Amt. ($)</td>
<td>Improve generationa l interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chevron</td>
<td>Education</td>
<td># attending education sessions: Gardening Nutrition Cooking</td>
<td>Improve utilization of HDHHS Multi Service Centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Gardening</td>
<td></td>
<td></td>
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<td></td>
<td>o Nutrition</td>
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<tr>
<td></td>
<td>o Cooking</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Bed preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clean &amp; prune</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Weed &amp; Pest control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Irrigate/Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Harvest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Distribute</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDHHS facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Reduce incidence of chronic diseases
- Improve community health and well being
Appendix H

Evaluation Survey Instrument for Face-to-Face Interviews

Every action is either strong or weak, and when every action is strong we are successful.

-Wallace D. Wattles

Essential Service #9- Evaluation Questionnaire

The purpose of this short questionnaire is to assist the department as it moves toward voluntary accreditation. Knowing what data are already being collected and analyzed by the department will save time and effort as our accreditation activities move forward.

1. For which Bureau/Area are you responding?

2. List the public health programs or activities in your Bureau/Area.
   1.
   2.
   3.
   4.
   5.

Fill out following sheet for each of the above programs or activities
Evaluation Questionnaire cont’d

1. Please provide a concise and detailed explanation of how this program/activity is evaluated.

2. How often is the program assessed?

3. How does your team determine whether or not this program/activity is successful?

4. Please list the tool used to evaluate this program/activity.

5. What is the source of the standards used for evaluation of this program?

6. What is your Bureau/Area’s procedure for extracting data from the evaluation tool?
   - Who collects the data?
   - Who analyzes the data?
   - Who reads the evaluation reports?
7. Please attach a copy of a recent report that was generated from the data collected from this program/activity.

8. What is done with the collected data and formulated conclusions that are ascertained during the evaluation process?

9. How does your Bureau/Area determine whether or not standards for this program/activity are effective?

10. Has the allocation of fiscal or any other resources ever shifted due to evaluation results?
APPENDIX I

HDHHS Evaluation Status Report
22 December 2008

This status report was prepared for the National Association of City and County Health Officials (NACCHO) was carried out as a part of Accreditation Preparation and Quality Improvement Demonstration Sites Project to the Houston Department of Health and Human Services (HDHHS) over nine-month time period. The Plan Do Check Act quality improvement model was used as the guiding framework for the processes that engendered the report and also will be used to present the report’s findings.

The information presented in this report was collected by Keya Burks, Alexander Curtis, and Rose Rice for HDHHS during November and December 2008. The purpose of the report is to provide information regarding the evaluation of key activities within each of the HDHHS’ bureaus. Once the current status is determined, other programs can be put in place so that all appropriate evaluation activities are performed. Performance and documentation of evaluation activities is a key component of Essential Service IX and will be necessary to demonstrate as we enter into the accreditation process.

PLAN

We designed a Survey Monkey computer-assisted survey to determine what evaluation activities are currently extant within the Department. Our initial plan was to survey all programs regarding key activities and the evaluation activities associated with them.

DO

We began by talking about the evaluation survey with one Division of HDHHS (Office of Surveillance and Public Health Preparedness; OSPHP). Initial questions regarded what key activities/programs take place within each of the six bureaus within OSPHP.

CHECK

These initial conversations made it clear that there was no common lexicon regarding evaluation activities. We therefore decided we needed to perform face-to-face interviews so that probing of answers could be accomplished and questions from the interviewee answered.

ACT

Due to time and personnel restraints, we could not survey the whole department. Eight bureaus/programs representing the entire department were randomly chosen to assess in terms of their use of evaluative criteria and methods to continually improve their services. These are: Children’s Health, North, and Southwest clinical regions (Neighborhood Services Division), Information Technology (Director’s Office), Human Resources (Administrative Services Division), Epidemiology (Office of Surveillance and Public Health Preparedness), Water Resources Protection (Environmental Division), and Jail Health (Disease Prevention and Control Division). Bureau Chiefs and/or program managers were interviewed in person using the survey shown in Appendix D; if questions arose as a result of the surveying, those interviewed were asked to provide additional information. Results are shown below.
I. Key Activities

The following represent the HDHHS programs surveyed and the respective “key activities” performed by each:

**Epidemiology**
- Biological Surveillance (syndrome- and food borne disease-related).

**Water Resources Protection (WRP)**
- Commercial pools (N = 4100 in the greater Houston area)
- Residential pools (1000/year)
- Natural water systems (140 routine sample points)
- Special waste (fats, oils, grease, etc.)
- Landfill discharge, waste water, hazardous material.

**Human Resources**
- Recruitment
- Selection
- Employee relation (disciplining)
- Occupational development & training
- Payroll
- Safety

**Jail Health**
The key responsibility required by Jail Health is to identify any medical conditions through medical assessment and screening upon intake; and service these needs with medications and treatment while inmates are detained at the detention center.

**Information Technology**
- Immunization Registry
  - Partnered with Texas Children Hospital to construct a statewide registry for over 160 providers. These providers will send records of immunizations in order to have one centralized record of children immunized in the state of Texas.
- Vital Statistics
  - Transfer current system into an updated electronic model.
- Lead Registry
  - Grant funded project that utilizes information technology to track houses and children that have tested positive for lead content. Once the information is obtained there is a geographic component that plots the spatial arrangement and proximity of the individuals affected.
- RFID (Radio Frequency Identification Tags)
  - Food vendors will be required to attach these tags to their vehicle to continue operation. These tags are linked to an information system that monitors and verifies proper disposal of waste water. The use of the RFID allows the department to track when trucks discharge waste. Currently, many food vendors are improperly dumping their waste water in city drains which is a concern because it goes back into general public circulation. Then they are presumably purchasing false receipts from individuals at the commissioner’s office verifying proper disposal. RFID eliminates the human element and provides close to real time data that can be retrieved by inspection officials.
- Grease Trap
  - Restaurants are required to have grease traps that contain old and unused grease. An authorized vendor then comes and picks up this grease and disposes of it.
properly. This process will be linked to an electronic database that will track this activity.

- **SIP (Strategic Information Planning)**
  - An outside IT consultant will outline goals that address IT functionality department wide for the next 3-5 years.

- **ERP (Enterprise Resource Planning)**
  - An integrative package that will link the activities across the various bureaus and allow information to be retrieved by the other instead of housing several independent information systems solely.

- **PRP (Project Resource Planning)**
  - An initiative for the environmental group that has the same goal as the ERP. Accordingly, the PRP system will link all the bureaus that operate under the environmental group. For example, water and air quality will be able to exchange data and information since many of the offenders often have citations and issues in other environmental areas.

- **Desk Top Replacement**
  - Replaces computers on the general fund side of the IT department after it has reached a 5 year life span.

- **PHIN (Public Health Information Network)**
  - Long term project initiative that will reach maturity in 2010 that involves developing an information system based on a set of guidelines outlined by the CDC. PHIN is a national initiative to improve the capacity of public health to use and exchange information electronically by promoting the use of standards and defining technical requirements. and emergency preparedness and response.

- **Neighborhood Center Services**
  - More effective use of information technology capabilities and software for generating reports and tasks specific to the bureau.

**Children’s Health Services**
- Care Houston
- WIC (Women, Infant and Children) Program
- Vaccines for Children (VCF) Program.

**Southwest Region**
- Sexually Transmitted Disease (STD) Clinic Services
- Escape Program.

**North Region**
- Immunization Program
- Family Planning Program
- Pre-Natal/Maternal Clinic Program.

**II. On-going Evaluation of Key Activities**

**Epidemiology**
The Bureau of Epidemiology evaluates its key activities according to local and state, as well as federal guidelines. These guidelines all adhere to the amount of time that transpires between when an incident is reported and when a formal response is provided. The scale used to determine the timeliness of the response is:
- Immediate (within 24 hours)
- High Priority (within 48 hours)
- Medium Priority (within a week)
- Low Priority (within a week).
Water Resources Protection

The WRP evaluates its key activities using the “Quality Assurance Plan.” The QAP is issued through the state of Texas and is well defined. The Environmental Protection Agency establishes initial standards. These guidelines are expanded by the State of Texas and finalized by the HDHHS. Importantly, the QAP includes specific sections for each of the measured outcomes (E. coli, pH, etc.).

Human Resources

HR evaluates its key activities using methodology specific to each activity. Recruitment and selection activities are evaluated by employee evaluations and by the amount of time that elapses between when an open position is posted and when the new employee is hired to fill the vacancy. Employee relations criteria are evaluated by supervisors’ reports and by the Employee Concerns Review Program. An audience survey is used to determine the success of the occupational development and training activities. Payroll’s performance is evaluated in terms of its timeliness and error rate. HR’s safety division performs regular inspections of City of Houston (COH) buildings and vehicles. Finally, the random drug tests associated with the Human Resources Bureau are either passed or failed; failure results in immediate dismissal from employment.

Jail Health

Jail Health has two primary forms of evaluating its program. One form pertains to documentation. Dr. Mercier, Chief Physician, reviews patient charts weekly and identifies any medical related issues or medical specialist inefficiencies in regards to following operating protocol. The other form of program evaluation pertains to direct patient care. Monthly reports from the pharmacy are reviewed to verify that medications have been properly issued according to content and dosages in addition to treatment frequency information. This report is reviewed at the monthly meeting of the Quality Management Committee of HDHHS.

Information Technology

The evaluation program currently in place for IT involves customer satisfaction following a service call. Information is collected via a survey on the intranet.

Children’s Health Services

The Care Houston Program is a collaborative between the HDHHS and the City of Houston Fire Department. The purpose is to provide assistance to chronic 911 callers so that non-emergency 911 calls are reduced.

The WIC (Women, Infant and Children) Program exists to provide health care referrals, nutrition education and nutritious food to pregnant, breastfeeding and post-partum women. WIC also provides food to children under five years of age who have nutrition-related health problems. This program serves over 80,000 Houstonians per year.

The Vaccines for Children Program exists to increase immunization coverage rates of children 0-5 in Houston, by guaranteeing that vaccines will be available to providers at no cost in order to immunize eligible children.

Southwest Region

The Sexually Transmitted Disease (STD) Clinic Services programs exist to treat and prevent the spread of sexually transmitted diseases. Contraceptives and medical treatment, as well as education dissemination are core components of the program.

The Escape Program exists to educate and equip parents with the skills to communicate and connect with their children.

North Region

The Immunization Program exists to increase immunization coverage rates of children 0-5 in Houston, increase awareness of providers and parents in regard to immunization, and to decrease the incidence of vaccine preventable diseases. While the region primarily focuses on
immunization of children under the age of 5, vaccinations such as hepatitis B and travel-related vaccines also are given to populations.

The Family Planning Program exists to both prevent unwanted pregnancies and enable healthy pregnancies and births. Contraceptive delivery is a component of Family Planning.

The Pre-natal/Maternal Clinic Program exists to reduced infant mortality and increase the prevalence of healthy babies at birth. After being determined eligible to receive services, clients are able to be screened (including genetic screening) and also given counseling and education on how to ensure a healthy pregnancy and delivery. Clients are also given pre-natal vitamins and any other needed medication for the duration of their pregnancy.

III. Evaluative Instruments

Epidemiology

The Bureau of Epidemiology utilizes specific evaluative instruments that pertain to each of its key activities. Many of these instruments are combined into one "Disease Investigation Audit Form" in order to provide a single document of the month’s critical surveillance data.

Water Resources Protection (WRP)

The WRP uses specific evaluative instruments that pertain to each of its key activities. Examples of such instruments are:

- Special Waste Bureau Questionnaire
- COH Municipal Courts – citation receipts
- Residential Pool Questionnaire
- Accreditation Questionnaire (voluntary)
- Supervisor’s Summary (special waste)
- Surface Water Summary Report.

Human Resources

The HR Bureau utilizes several evaluative instruments. The NEO Gov. System is used to evaluate the selection of new hires. With the exception of cases involving allegations of sexual harassment, evaluation of HR’s role in employee relations situations is conducted by the ECRP (refute panel). A detailed “Audience Survey” is used to evaluate the effectiveness of occupational development and employee training activities. Additionally, the City of Houston contracts with a private company to administer the HR’s drug testing program.

Jail Health

The Chief Physician operates according to guidelines mandated by HDHHS. These guidelines are reviewed twice a year. The Chief Physician conducts audits of all staff and routinely reviews medical records to ensure guidelines are being followed.

Information Technology

Customer satisfaction data are collected. The primary tool or source used to evaluate programs or activities is to apply experience-based knowledge and expectations.

Children’s Health Services

Assessment of Care Houston determines whether the program decreases the number of non-emergency 911 calls. Current assessment activities have shown that the program is a continued success, as non-emergency calls to 911 are decreasing.

As WIC is a federal program and must be administered as state and federal mandates prescribe, assessment of the program occurs on a federal level. Locally, assessment targets only high-risk patients in efforts to improve the health status of those individuals.

Assessment of the Vaccines for Children program entails HDHHS staff members going to the various institutions and private doctors who receive free vaccines. Staff ensure vaccines are being administered only to eligible children, ensure the vaccines are being stored properly.
(improper storage temperature may deactivates the vaccine) and ensures there are no other deficiencies at the VFC provider sites.

**Southwest Region**

The Southwest Region does not assess the outcome of the STD clinic services. Assessment of the Escape program is done by the non-profit agency that provides the seminars.

**North Region**

Immunization patients are tracked with the Clinic Assessment Software Application (CASA). CASA evaluates the vaccination needs of clients, assesses immunization coverage levels in the clinic, and identifies opportunities to increase vaccination rates and efficiency of service delivery. There is currently no assessment of the Family Planning operation in the North Region. There is currently no assessment of the Pre-natal/Maternity clinic to determine whether babies born of clinic mothers are healthy as a result of the clinic operation.

**IV. Data Collection**

**Epidemiology**

Regardless of the key activity or area of focus, investigators collect data and submit reports to their supervisors. Supervisors are expected to alert their managers of high priority events. The “Disease Investigation Audit Form” is used to catalogue all of the high priority events that occur each month.

**Water Resources Protection**

A report that corresponds to each key activity is generated. Reports are created by staff members who are designated to work on a particular key activity. All reports are either written by or submitted to supervisors. Supervisors often file reports and only alert the bureau chief if immediate action is warranted.

**Human Resources**

A report that corresponds to each key activity is generated. Reports are created by staff members who are designated to work on a particular key activity. All reports are either written by or submitted to supervisors. Supervisors often file reports and alert the bureau chief if immediate action is warranted.

**Jail Health**

Dr. Mercier (Chief Physician) is responsible for analyzing and making decisions in the medical area of the bureau, while Dr. Pitts (Chief Pharmacist) is responsible for pharmacy related initiatives. Manuel Perez, Bureau Chief, is informed if a discrepancy arises after reviewing patient charts or pharmacy logs. Collectively, Mr. Perez, Dr. Mercier/acting physician, and/or Dr. Pitts make decisions to address issues that were revealed during the evaluation process.

**Information Technology**

Vernon Hunt, Bureau Chief, receives all relevant data for project initiatives and is responsible for constructing and facilitating subsequent action items. Each project or activity has its own set of expectations. After pulling data relevant to that project, the project is then reassessed to determine if it meets minimum expectations.

**Children’s Health Services**

Data collection is performed by two nurses within the Bureau and reviewed by the Bureau Chief.
Southwest Region
A health educator assigned to the Southwest Region is responsible for collecting, analyzing, and reading evaluation reports.

North Region
Data collection is performed by two nurses assigned to the region.

V. Source of Evaluative Standards

Epidemiology
Evaluative standards for the Bureau of Epidemiology are generated by federal, state, as well as local government standards. Furthermore, the Centers for Disease Control and Prevention establishes evaluative standards for many of its grant-funded activities.

Water Resources Protection
The Environmental Protection Agency, State of Texas, and the City of Houston all contribute evaluative standards for the WRP.

Human Resources
Most of the evaluative standards for the HR are developed from a “best practices” perspective established from the literature and other model practice listings. Employee relations procedures as well as certain building and vehicle safety regulations represent the exceptions. Such guidelines are established according to federal criteria.

Jail Health
Good practice medical guidelines are used to determine evaluative standards. Standards are reviewed twice a year.

Information Technology
No documented source of evaluative standards.

Children’s Health Services
Evaluative standards for Care Houston are based on best practices – decrease in number of adverse outcomes.

WIC and VFC are federal programs and thus have evaluative standards as part of their program.

Southwest Region
N/A

North Region
N/A
VI. Success Indicators

Epidemiology
The Bureau of Epidemiology determines the success of its evaluation instruments by striving to achieve the following specific objectives:
- Ensuring timeliness
- Ensuring completeness
- Ensuring appropriateness
- Ensuring accuracy
- Implementing and integrate QA processes into routine flow of work
- Evaluating the QA process and modifying the plan as necessary

Water Resources Protection
Each of the WRP Bureau’s key activities involves its own set of success indicators. Success indicators concerning residential pools pertain to the evaluation instrument’s ability to create a healthy swimming environment. However, indicators used to determine the success of hazardous waste inspections pertain to the effectiveness of identifying potential environmental hazards.

Human Resources
Each of the HR Bureau’s key activities involves its own set of success indicators. Success indicators concerning employee relations pertain to the timeliness in which all necessary disciplinary measures are taken. However, indicators used to determine the success of safety activities pertain to the effectiveness with which workplace hazards are either prevented from occurring or ameliorated once an unsafe situation is identified.

Jail Health
This bureau continues to offer a satisfactory level of treatment for inmates and maintain employee satisfaction through building morale, treating inmates with respect, and providing regular training to adequately meet job requirements. The frequency of issues occurring within a month’s timeframe, how they are resolved and the severity of these events are the Jail Health program’s primary indicators for measuring effectiveness.

Information Technology
Success is measured according to the number of encounters, whether a project or general support, and if IT has fulfilled its role in the process. Effectiveness in this department is measured by the ability to redirect resources for more efficient use or more cost effective solutions are realized as a result of information technology. Data and information reports are also viewed to measure efficiencies.

Children’s Health Services
Success indicators specified by federal programs.

Southwest Region
Success indicators not available.

North Region
Success indicators not available.

VII. Frequency of Evaluation

Epidemiology
Epidemiology’s “Quality Assurance Plan for Vaccine Preventable Disease Surveillance in the City of Houston” is reviewed on a quarterly basis.
Water Resources Protection
Members of the WRP Bureau staff submit most of their reports and summaries on a monthly basis.

Human Resources
HR reports are submitted at different times, specific for each key activity. Most reports are submitted on a monthly basis – with the exception of those that are reviewed quarterly.

Jail Health
Standards are reviewed every six months.

Information Technology
N/A

Children’s Health Services
Frequency specified by federal programs.

Southwest Region
N/A

North Region
N/A

VIII. Evaluation Follow Through

Epidemiology
The Bureau of Epidemiology follows through with the evaluations that its staff members conducted by subsequent investigations and by creating files that are intended to house all of the information pertaining to a particular case.

Water Resources Protection
Follow through for the WRP Bureau involves investigators maintaining logs of their investigations (Blue Books), following up on citations issued in response to violations, and filing reports for future action.

Human Resources
All of the reports generated by the HR Bureau are filed in hard copy format in case future action is required.

Jail Health
If a recurring problem is seen, training in that area is increased.

Information Technology
Effectiveness in this department is measured by the ability to redirect resources for more efficient use or more cost effective solutions are realized as a result of information technology.

Children’s Health Services
Follow through specified by federal programs.

Southwest Region
N/A

North Region
IX. Effectiveness of Evaluation

**Epidemiology**

The effectiveness of Epidemiology’s evaluation activities is determined by quality assurance checks. Such QA checks concern the following:

- Investigation
- Active surveillance
- Data entry & analysis
- Creating reports
- Workforce competency

Information pertaining to each of these activities is catalogued in the Bureau’s “Quality Assurance Plan.”

**Water Resources Protection**

The following represent examples of issues that are used to determine the effectiveness of evaluation in the Water Resources Protection Bureau. The reports discussing the health of residential pools include the following:

- Self-latching gate
- 4 foot fence
- Visible drain cover
- Pool chemistry
- Hazards (electrical, etc.)
- Algae.

The landfill reports include the following:

- Intact cap
- Truck inspection
- Fats, oils, grease.

**Human Resources**

The Human Resources Bureau does not assess the effectiveness of its evaluation activities but is considering implementing this best practice.

X. Conclusions & Recommendations

HDHHS decided to examine the state of evaluative activities within its programs in order to raise the quality level of services and programming it offers. Utilizing the PDCA model, we found that evaluation activities within HDHHS range from federally or state-mandated and quite extensive to non-existent.

**Plan**

Decided to examine the state of evaluative activities in its department, in order to raise the quality level of services and programming it offers.

**Do**

Designed Survey monkey internet survey for administration to all programs.

**Check**

Realized that lack of a common lexicon prohibited use of this type of survey and instead opted for in depth, face-to-face survey of random programs.
Act

Surveyed eight units via an internal interview process, using a standardized set of questions and utilizing a small number of interviewers who were knowledgeable of public health literature, lexicon and programming, as well as of the HDHHS itself. Data were collected from the interviewees and were summarized by the interviewers.

Recommendations:

Based on the data gathered, selected recommendations were crafted:
1. Additional training for managers regarding importance and construction of evaluative methods
2. Survey of entire department regarding extant evaluative practices to be performed within the next twelve months.
3. There were a few units where a fuller, deeper version of the PDCA model might be used to highlight program needs and possible improvements. It is one example and it is anticipated that this will occur within the next twelve months.
Appendix J

Poetry Corner

You ask what accreditation is?? Let me explain.

Accreditation is sweeping the nation
For hospitals, labs, and schools
It rules.
But public health has a lack
Of programs to keep us on track
To show one and all
We’re on the ball
Doing what needs to be done
And second to no-one
Now the time has come
To get public health accreditation done.

At HDHHS
We think we’re the best
But it’s time to show the rest.
We do many things well
But a self-assessment will tell
Where we need to put endeavor
To make us more clever

So we’ve started our quest
And self-assessed,
which showed essential service number nine
Is what we should assign.
Evaluation is the game
By which we’ll make our name
So that’s what we’ve started
By seeing what’s been charted.
It’s not for the faint-hearted.

We’ll survey all our programs – there’s a ton
To see which ones have evaluations begun
Once our survey is done
We’ll pick a program or two
To evaluate through and through
We’ll give it its due
And get it up to speed
So it will be in the lead.
This will be our creed
Our programs will be the best
No one will have to guess.  
We’ll have the data to show  
So all will be in the know.

For our purpose in public health  
Is not to work in stealth  
But to give Houstonians the news  
They’re getting value for their dues  
And their taxes are well spent.  
We value every cent.

And so you see accreditation  
Will be the application  
Whereby we begin formation  
Of a very strong foundation  
To public health in the Bayou City  
We’ll do it by committee  
And get everyone involved  
All problems will be solved.

Hope this answers all your questions  
Let us know if you have suggestions.