

## APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME: Montgomery Township Health Department  
ADDRESS: 2261 Route 206, Belle Mead, New Jersey, 08502  
PHONE NUMBER: 908-359-8211  
SIZE: \_\_\_\_\_  
POPULATION SERVED: 24,000  
PROJECT TITLE: "Using Community Partnerships to improve Outcome-based Evaluation and Linkage to needed Services"

### PLAN

Identify an opportunity and Plan for Improvement

#### 1. Getting Started

We began by gathering our community partners to form self-assessment focus groups. We used the self-assessment process to identify, with our partners, top priority areas of weakness to address as a team. We agreed that MTHD has not been collecting or using health data in a systematic way

#### 2. Assemble the Team

We convened a meeting of community service providers that serve our residents. We provided an overview of project goals and training in QI processes. We then recruited a working group to develop the project timeline and task assignments.

#### 3. Examine the Current Approach

We currently contract with a number of clinical service providers to provide a limited array of services. Data collection has been limited to that stipulated in the service agreement, not providing a complete picture of community needs and health status.

#### 4. Identify Potential Solutions

Our purpose was to improve community partnerships with our clinical service providers to 1) improve data collection to evaluate program effectiveness, 2) expand partnerships to respond to identified needs, and 3) develop a baseline of data to identify emerging trends.

#### 5. Develop an Improvement Theory

The Working Group identified the consequences of weak data collection, and benefits of improving data collection. Without data, planning to address the needs of underserved

populations is based on an educated guess. To justify funding requests, data on program effectiveness is essential. We are under-reporting what is being provided by others and under-"assuring" that services are provided.

The Working Group developed measures to determine if changes resulted in improvement:

- Increase in people getting services by improving awareness of available programs
- New programs developed through Gap Analysis
- Current programs revised to focus on population needs
- Creation of a sustainable data-gathering mechanism
- Improved awareness of data needs by all partners. Identify data gaps to address in the next cycle.

### DO

Test the Theory for Improvement

#### 6. Test the Theory

The working group developed a survey tool for community service providers to quantify numbers of people in need and types of services most needed. Each group member was assigned specific organizations to interview for the survey. This personal approach was essential to improve the quality of data collected (including soft data). Data was collected from up to 20 community organizations.

### CHECK

Use Data to Study Results of the Test

#### 7. Check the Results

We compiled the data gathered and created a matrix to identify gaps in the

data (to improve the second iteration of data collection). We used the data collected to develop a program gap analysis. Numerical data specific to Montgomery Township is limited. Most data was based on observations of service providers. Results to date show Montgomery residents are not overwhelming the available services. Instead, obstacles to seeking assistance include embarrassment and lack of familiarity with available services. A small Spanish-speaking population is accessing services outside the community.

### ACT

Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement or Develop New Theory

Introducing service providers to data collection needs has improved dialog and data reporting for 2009. We will use the survey tool and re-contact our community partners to do follow-up data collection in fall, 2009. The data can be compared with 2008 to help evaluate outreach effectiveness, and to identify priorities for 2010.

#### 9. Establish Future Plans

The QI team identified the following priorities for 2009:

1. Implement a peer outreach program to improve community awareness of available services and how to locate them.
2. Initiate a dialog with Spanish-language service providers in nearby communities to assure needs of our residents are addressed.
3. Re-survey service providers in fall, 2009 to evaluate impact of outreach efforts, and identify emerging needs to prioritize for 2010.
4. Work with clinical partners to broaden the scope of services offered, and increase quality of data reporting.