

CASE STUDY

Central County Participates in Public Health Assessment and Quality Improvement Project

A Case Study in Assessment

Mid-America Regional Public Health Leadership Institute Year 16 Fellows

OPENING

In 2002, the National Public Health Performance Standards Program (NPHPSP) was launched in Washington, D.C. by the Centers for Disease Control and Prevention (CDC) to enable health leaders to compile and evaluate data on their health systems and gauge how well they are meeting the needs of community residents.

The Indiana State Department of Health (ISDH), in collaboration with the CDC and the Health Care Technical Assistance Program and School of Nursing from Purdue University launched its assessment of the NPHPSP and its essential public health services in the spring of 2006. Central County, in East Central Indiana, began the assessment phase of examining the 10 essential public health services in March 2007. Representation from Central County agencies who participated in the assessment component included: staff and administrators from the LPHA; elected officials; school representatives; city and county police officers; university faculty; Purdue Extension economist; minority coalition member; hospital administrator and physician; health clinic personnel; attorney; homeless shelter supervisor; and civic and church leaders.

Based on the essential functions of public health -- such as surveillance, research and health promotion -- the instruments question Central County users on their ability to offer public health services. Data from the instruments are then used to create a report for Central County with performance scores, charts and suggestions on how to use the results for quality improvement.

CASE BODY

The National Public Health Performance Standards Program (NPHPSP) centers around three assessment tools including a state-level instrument for evaluating state public health systems, a local instrument for local systems, and a governance instrument for local governing bodies such as local boards of health. "In the end, the goals of the performance standards program are a better provision of public health services and better health for all," according to Karlene Baddy, MEd, director of public health systems and partnerships of the American Public Health Association (APHA). "These instruments are an important step toward moving us closer to that goal." The NPHPSP is a partnership of the Centers for Disease Control and Prevention and six organizations: APHA, the Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes and Public Health Foundation.

According to State Health Commissioner Judy Monroe, M.D., "The Indiana State Department of Health wants to promote better health for all Hoosiers by improving the public health system, and this program will provide us with the necessary tools to accomplish this goal." Purdue University is providing technical assistance to 14 local public health agencies (LPHA), including Central County, to determine root causes of problems and develop effective implementation and evaluation plans to address those community health problems. Responses to the local instrument were tabulated for each of the

essential public health services. Two areas in need of improvement included Essential Service 3: Inform, educate and empower people about health issues and Essential Service 5: Develop policies and plans that support individual and community health efforts.

Through a Block Grant award by the CDC, Central County agency and community representatives underwent four days of Team Building and Problem Solving training in June 2007 hosted by Purdue University Technical Assistance Program (TAP) personnel. Upon completion of the course, Central County participants were expected to (1) apply team building and leadership skills; (2) understand and apply the basic five step problem solving method; (3) gather and analyze data to determine actions needed to solve problems; and (4) know how to plan and implement a project using the project charter.

The group initially set 6 leadership training dates; however, this was soon determined to be too many process-oriented meetings, and consensus was reached to keep the training to four days. Each of the four days were divided up into two parts--the first half of the day utilized classroom work focused on building the team, while the second half dealt with "finding the community problem" to work on as a group. During the course of these trainings, the group was led in decision making processes by Purdue representatives. Some of the participants had their own agenda in interpreting the NPHPSP data to set goals.

Day One: One of the first objectives of our team was to assign unique roles to coalition members. A team leader, coach, and scribe were assigned and given tasks to perform throughout this assessment and team-building process. One of the tasks was to brainstorm and map out the various health agencies in Central County (Appendix A). The members participated in various activities to foster teamwork including "the Tower," where team members built a tower using only newspapers; the "Albatross," where members read a story and gave their interpretations of what really occurred; and an "M&M's" project which showed team members how to put a problem in perspective. All of these activities were supposed to promote team unity and facilitate the group's cohesion towards the goals of community assessment and problem solving.

During the afternoon of day one, the team worked on defining a problem in the community which needed to be addressed. This process started with developing a problem statement. The problem statement was determined using voting methods of important community problems and then narrowing down to one choice. It actually took two meetings for everyone to agree to the problem statement which was the first step in making future decisions. Through team activities, the Central County coalition members decided to focus on youth in a school cafeteria environment as its community problem to be addressed.

One of the problems encountered by the team on day one was that members were not given the opportunity to meet prior to the TAP training to discuss the results of Central County's public health assessment. The health data assessment report was distributed during our first training. Also, several persons who were participating in the 4 day team-building and problem-solving training were not involved in the public health assessment phase of the process and were completely unaware of any past work that had been done.

Day Two: After the problem statement was determined during the morning of the second day, the team should have evolved to discuss root causes of the problem, but the TAP leader brought up the problem statement again in the afternoon, so some participants were given another opportunity to debate the significance of cafeteria health and safety as opposed to other community concerns. Many in the coalition felt as though the Purdue trainers were not facilitating the team-building process effectively, and in fact, were hindering decision-making and consensus by the group.

Since the team had not received the county data report prior to the initial meeting, the team was unclear about addressing the public health services. The NPHPSP requires the improvement process to use the Ten Essential Standards in order to strengthen the public health infrastructure. It was explained to the team by the Purdue facilitator that this collaboration project with ISDH and Purdue Extension was just a pilot project, and in the future, the essential standards will be used in problem solving for community projects.

Day Three: In the third day of training, participants began brain-storming and creating various diagrams and charts as instructed by the Purdue facilitator. Unfortunately, because there was still some uncertainty as to the selected problem in the county again, the initial development of root cause analysis tools was ineffective.

Once the problem statement was tentatively agreed upon, the group formulated a project charter. The project charter identified the problem statement, described the scope of the problem, set a timeline and set intermediate and long term goals for the problem. Healthy People 2010 goals and objectives were evaluated in relation to the community problem, and a chart was included in the team's project charter (Appendix B). The team concluded the third day of training with more questions than answers and a feeling of "taking one step forward and two steps back."

The Purdue representatives were not understandable in their guidance to the team as to how the project needed to flow. Being a pilot project county, this learning experience was for both the county and the "experts", but the experts needed to be ahead of the curve as far as how this process was to be determined. It was apparent they were learning along with all of the team members and unable to provide direction or answers.

Day Four: The fourth day of training consisted of a short classroom session and then the rest of the day was spent working on the project charter. The classroom session dealt with error proofing the problem statement and a team exercise on brain-storming was performed. The project charter was to be eventually refined to meet the expectations of the ISDH and Purdue's goal for the project. By the fourth and final day of training, the coalition had gained one new member, but lost two participants. The loss of members was due in part to their other obligations and also, a determination that the final community problem would be related to childhood health and safety in a school environment.

The conclusion of the day's events left the team with many unanswered questions about next steps to proceed; how and when state funding for the proposed project would happen; Purdue's continued role; and other procedural issues. However, despite these questions, there was a lot accomplished by the team on the final day of training. Through problem solving, assessment of community resources and problems, and team consensus activities, Central County decided to propose a project related to "school cafeteria health and safety" as its county-wide project for the ISDH partnership program. In addition, a name was finalized for the newly formed coalition, "Central County CSIs" (Cafeteria Scene Inspectors). The project scope and process (Appendix C) was mapped utilizing guidelines provided by TAP to guide the project once funding had been secured.

CLOSING

With continued assistance from TAP, the Central County CSIs scheduled subsequent meetings for the fall/winter of 2007 to finalize the project charter and determine solutions and implementation steps for the county problem—tasks that should have been completed during the four days of training but were not. Through continued collaboration and discussions, the project charter was finalized in November 2007, and a budget and project proposal was submitted to the ISDH and Purdue University for consideration and approval in December. A timeline of activities to implement Operation CSI was included with a project start date in first quarter 2008.

This case study focuses on the core function of assessment using problem solving methods as it pertains to evaluating the 10 essential public health services and the consequent policy and program development coordinated by the LPHA. A trainer's guide is included (Appendix D) to facilitate the NPHPSP assessment and quality improvement project for other counties in Indiana as they begin to evaluate the 10 essential public health services.

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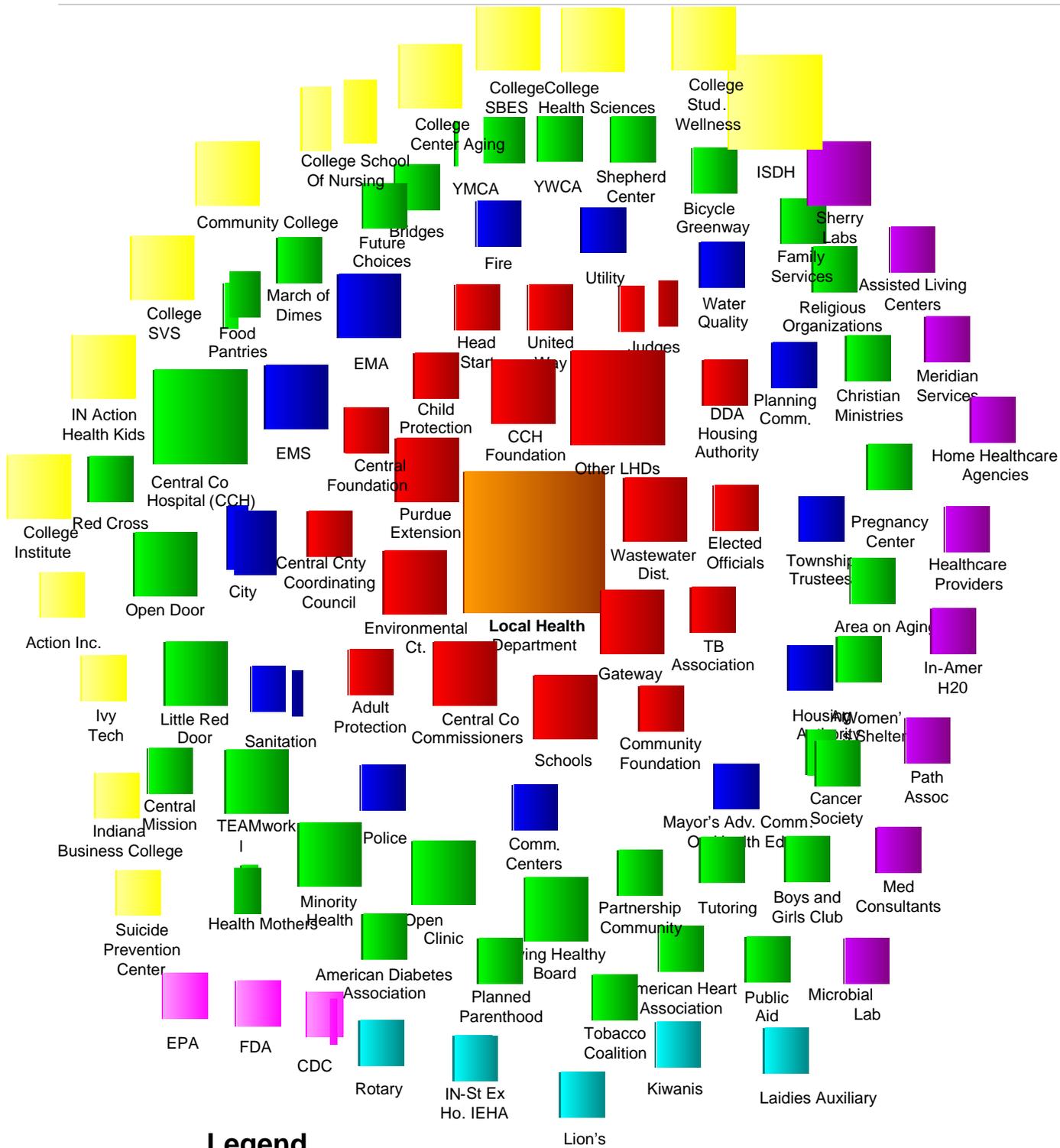
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Appendix A

Central County Public Health System



Legend

- Central County
- City
- Nonprofit
- Private
- State
- National
- Civic

APPENDIX B

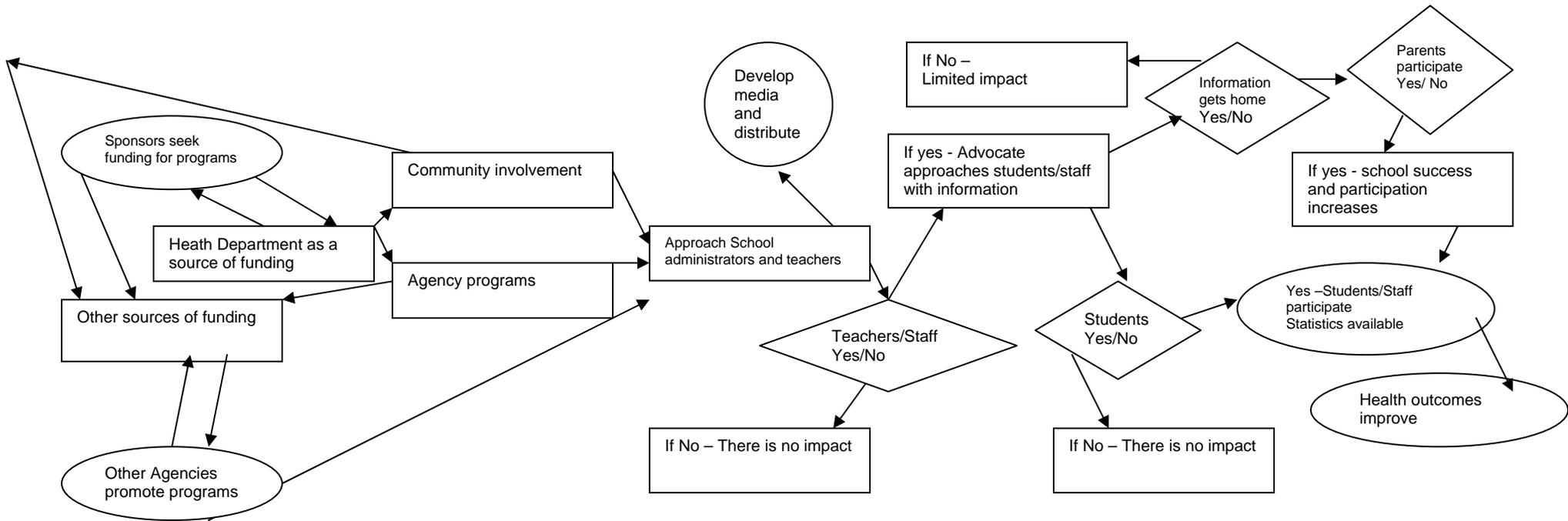
Healthy People 2010 Objectives in Central County's Public Health Assessment & Quality Improvement Project

As mentioned in the Abstract and Digest for our Case Study in Assessment, the relationship between our subjects and goals and Healthy People 2010 objectives are summarized below.

<u>Case Study Subject/Goal</u>	<u>Healthy People 2010 Objective</u>
Childhood Obesity	(19) Weight status and growth (19.3) Reduce the proportion of children and adolescents who are overweight or obese
Hygiene & Sanitation	(10) Food safety (10.6) Improve food employee behaviors and food preparation practices that directly relate to food-borne illnesses in retail food establishments
Nutrition & Physical Activity	(19) Weight status and growth (19.5-19.11) Nutrient consumption (22) Physical activity and fitness (22.6-22.11) Physical activity in children and adolescents
County Health Department	(23) Public health infrastructure (23.2) Public access to information and surveillance data
School Environment	(19.15-19.17) Schools, worksites, and nutrition counseling

APPENDIX C

Process map for Central County – Increase school cafeteria health & safety awareness



APPENDIX D

Trainer's Guide Central County's Public Health Assessment & Quality Improvement Project

1. If the number of agencies invited to the initial assessment were increased, what effect would this have on the outcome of the survey conducted on the 10 essential services of the county?
 2. What if the process that was used to conduct the initial assessment survey on the 10 essential services was changed, and each individual answer was kept confidential--what effect would that have on the outcome of the assessment?
 3. If the questions in the assessment piece on the 10 essential services were shorter and more concise, would this change the results of the assessment?
 4. What if the length of the assessment on the 10 essential services, was cut in half how would this change the end result?
 5. Would a better explanation of the project prior to the assessment, have effected participation attitudes?
 6. If assessment participants were more knowledgeable about county wide programs, would that have an effect on the answers?
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