



MISSOURI INSTITUTE FOR COMMUNITY HEALTH

partners for better health

SUMMER 2009 NEWSLETTER

CONGRATULATIONS!

Six agencies were accredited.

It was a busy year for site reviewers.

St. Louis City Department of Health (DOH) joined the ranks of accredited agencies at the comprehensive level. The celebration was June 26th in the new health department facilities. With their emphasis on the core public health functions, St. Louis City DOH has a strong environmental program that monitors air, lead, vector, animal control and local eateries. DOH had to activate its emergency response plan during the recent floods and power outages. This is a large city health department that has to be prepared to respond on all fronts while providing important health education information.

The Hickory County Health Department and Dallas County Health

Department successfully submitted a joint application for accreditation at the primary level. These two agencies, each with limited staff and financial resources, demonstrated that together they provide an excellent level of public health services to their service area. Their joint school program to combat obesity was especially noteworthy.

BOARD ANNOUNCEMENTS

During the May Advisory Council meeting and by e-mail, ballots were cast for the new board members. Mahree Skala, Ross Marine, Donna Brashear, Jo Anderson and Bert Malone are new appointments to the board.

Mahree is the Executive Director of the Missouri Association of Local Public Health Agencies. Ross Marine is a consultant in the private sector with many years experience in Public Health. Donna Brashear is director of the Pulaski County Health Department, Jo Anderson is a Program Manager in the Center for Local Public Health Services/Missouri Department of Health and Senior Services, and Bert Malone is the Environmental Division Director at Kansas City Health Department. Welcome!

Dalen Duitsman, formerly Vice-President, is the new President, replacing Diane Sterett. Melanie (Glaus) DeWitt is the new Vice-President, replacing Dalen, and finally, Dennis Diehl is the new Secretary/Treasurer, replacing Owen Smith.

ALONG THE QUALITY JOURNEY

Douglas County Health Department is very busy on its quality journey. NACCHO is awarding their latest effort a “model practice” seal of approval. Lisa Englehardt, program manager at Douglas, used some available on-line software to customize a shared drive for their health department. After the staff piloted and got the kinks out, they then shared it with their 8 agency partners from Region G. Now, Region G has its own shared drive for documents, forms, calendars and to keep in touch. Congratulations Douglas County and Region G!

Don't forget to check the NACCHO archived webcasts at <http://webcasts.naccho.org> There is a whole series on quality topics, including the Baldrige criteria and the use of Plan/Do/Check/Act.

Save the Date

October 15th
Advisory Council
meeting at the
Best Western,
Jefferson City.
More details to come....

PUBLIC HEALTH ACCREDITATION BOARD

The National Opinion Research Center (NORC) is synthesizing the results of the vetting of the national standards. MICH submitted comments. NORC will start by collating all responses and suggestions by domain, standard, and measure, and will also identify major themes from the comments.

The Standards Development Workgroup met for two days in June to review the vetting results in detail and to propose changes to the standards, measures and guidance for documentation. The Workgroup's recommendations for changes will be submitted to the PHAB Board of Directors for their August meeting. The standards set that the Board adopts will be used in PHAB's beta test of the accreditation program. To review the standards and measures, visit the PHAB Standards Web site <http://www.phaboard.org>.

From the May and June 2009 PHAB E-Letter

THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB) IS SEEKING HEALTH DEPARTMENTS TO TEST THEIR STANDARDS

PHAB is pleased to invite state, local, territorial and tribal public health departments to apply to partner with PHAB in the implementation of the accreditation program beta-test. PHAB has issued a letter of invitation and is accepting applications now at <http://www.phaboard.org/betatest/beta2.asp>.

Of the applications that PHAB receives, a PHAB Beta Test Site Selection Task Force will select 29 health departments of varying sizes, structures, capacities and locations to participate in the beta-test program. Selected sites will test the standards and provide feedback on the process. Beta-test participants will receive hands-on technical assistance, collaborate with and learn from other health departments, attend trainings, and engage in quality improvement practices, while receiving funding to report information and conduct a quality improvement project. The results of the beta test will be used to refine and inform the accreditation standards before the full national launch.

ACCREDITATION NEWS:

*The Accreditation Manual is now available on
<http://www.michweb.org/accred.htm>*

In our constant commitment to make the Missouri Voluntary Accreditation Program as user friendly as possible, beginning June 2009, all local public health agencies (LPHA) who wish to apply or reapply for accreditation will use Google Docs for their application, self-assessment, and all supporting documents. The account site will be used by reviewers and staff to review files and prepare for the self-assessment. LPHA may view Google Docs as an opportunity to create a running history of the accreditation process and a baseline for reaccreditation.

We hope you will find this process logical, comprehensive, convenient, and designed with your busy schedules in mind. Please read the Overview section of the new manual in its entirety before beginning your accreditation journey.

From the MICH website at <http://www.michweb.org/accred.htm> download the Accreditation Manual and the Excel Workbook for Accreditation. The Accreditation Workbook is an offline form that will eventually be posted to your Google Docs account and can be accessed virtually by those with whom you share those documents. The arrows are essential for using the Excel Workbook. The bottom left hand side arrows will move you through all the different forms to be filled out. The arrows on the right hand side will move you through the open form. The Excel Workbook contains the following forms:

- Application
- Self-Assessment Sheets for Performance Standards, Infrastructure Standards, and Workforce Standards
- Feedback Report completed by On-Site Reviewers
- Interim Plan of Action for Provisionally accredited agencies
- Performance Improvement Plan Template

Google Docs is an online repository that makes creating, editing and sharing documents, spreadsheets and presentations simple and free. Your docs are stored

safely online, so you and your staff can access them any time, from anywhere. For more information on how to set up Google Docs to prepare for Accreditation, go to our web site: <http://www.michweb.org/accred.htm> and click Accreditation Procedures Update located underneath the Accreditation Manual image.

When applying for accreditation, LPHA have many steps to work through and many documents to provide. The application, self-assessment, site visit, and the focus on continuous quality improvement are a group effort.

The Self-Assessment, located in the Excel Workbook is a detailed and systematic evaluation of agency performance and capacity in relation to all accreditation standards in preparation for the on-site review. The Self-Assessment describes how each performance measure is being met, or to document work needed to meet the measure. Accredited health departments feel this is the most important part of the accreditation process. It is an opportunity for staff to determine how well they are providing public health services and what they need to improve. Self-assessment is a total agency quality improvement project.

To be ready for the on-site review, local public health agency staff need to gather/organize or identify the location of supporting documentation that verifies performance. Once identified, these documents are uploaded into Google Docs.

The LPHA will score its own performance using the same score sheet form that on-site reviewers use. If the LPHA believes it is meeting the intent of a standard through a method not listed as a performance measure, the method may be described on the Self-Assessment.

If at any time you have questions about the process of accreditation, please go to the 'contact us' section of the MICH website <http://www.michweb.org> .

EVIDENCE-BASED PUBLIC HEALTH:

Partnering with a Health Science Library Makes it Work!

In the study “Information Needs and Uses of the Public Health Workforce – Washington, 1997-1998”*, Neil Rambo reported that the types of information required by public health professionals included:

- disease incidence data
- health education information for the public
- vaccination guidelines
- industrial effluent data
- outcome measurement resources
- synthesized knowledge-based information.

ADDED ON TOP OF THIS LIST IS THE CURRENT NEED FOR DEVELOPING EVIDENCE-BASED PRACTICES.

Finding all of this needed information during a busy workday can be overwhelming. This is where a partnership with a health sciences library can make a big difference. Health science librarians are specifically trained to access and manage information. They deal with information and data from multiple disciplines, and have access to a broad range of resources. Best of all, these librarians are proficient in research. A significant portion of a health science librarian’s time is spent looking for evidence, ranking and filtering that evidence---skills that can save you, the user, both time and money.

We all used libraries in school, but after graduation, a good library can seem hard to find. Indeed, few public health departments have their own library staffed by a professional librarian. However, there are ways to access library services that will make your tasks more manageable.

The J. Otto Lottes Health Science Library at the University of Missouri is a good example of a library that is available to all citizens of Missouri, including public health professionals. Professional librarians from this library are available to answer questions by phone or email, and can provide training for individuals or groups on evidence-based resources. In-depth research services are also available at a rate far lower than a commercial information broker. You can also request copies of articles at a minimal charge. A more complete discussion of available services can be found at <http://library.muhealth.org/about/about.htm>.

Other libraries may be available for your use. If you are located in the St. Louis or Kansas City area, you may be able to use the health science library at St. Louis University, Washington University or the University of Missouri, Kansas City. You may be able to use the services of the library from your university as a perk of being a graduate. If you have a hospital in your area with a qualified librarian, you may be able to make arrangements to obtain needed services there. However or wherever you make the connection, partnering with a qualified librarian will make your work easier, faster and cheaper.

Barbara B. Jones, MLS

**This report may be accessed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4906a3.htm>*

MICH AND BALANCED SCORECARDS

You are reviewing your contract with MDHSS or your agency decides to apply for accreditation, and you are putting the materials together for the self-assessment phase. There is a current strategic plan/map, a community health assessment and even a community health plan. You breathe a sigh of relief because those requirements are done. Now for the hard questions.

- Is your strategic plan/map connected to your community health assessment?
- Does the strategic map match up to the community health plan?
- Are you able to measure your progress in completing the objectives in your strategic map?
- Do your strategies/work processes match up to the objectives of your map?
- Are you measuring what your community wants to know about?
- Are you measuring the “easy items” or the ones that will help you make decisions about how best to use staff and financial resources for a program?

If you answered “no” to any of these questions, a balanced scorecard may help you fill in the gaps. With a scorecard, agency performance is measured from four perspectives:

- Financial, the traditional measure to see if you can stay in business
- Customer, both in-house and external customers
- Learning and Growth, how prepared staff are to meet the current and changing needs of your community and programs
- Internal Business Processes, how you deliver goods and services through your programs

“Objectives in each of these four perspectives can be linked together in a cause and effect relationship in the organization’s “strategy map.” This one page depiction of organizational strategies provides an easily accessible alternative to the old strategic plan. The strategy map, with an accompanying balanced scorecard, becomes the means of communicating strategy throughout the organization, the basis for board and leadership agendas, and a benchmarking system for measuring progress

toward strategy execution. It also provides intense organizational focus as well as an effective framework for strategy management.” From HRSA’s Rural Health Initiative

As an example, tabulate the number of restaurant inspections done a month. With that number, you can look at staffing to determine what it costs to do those inspections and what it will cost to increase the number of inspections (Financial Sector). Then, you can review the training of staff responsible for the inspections. Does the training meet current state and national requirements? What is needed for accreditation (Learning and Growth Sector)? Finally, you can look at the Customer Sector. Do the inspections meet the needs of customers? Is there an appropriate pass rate? Do businesses requiring revisits, improve? Are food preparation staff properly trained in handwashing? Has the community’s food borne illness rate gone down, remained constant, or increased? These are all important questions to answer to determine if restaurant inspections make a difference. Now, when you report to your governing body about the number of restaurant inspections done that month, you can also report on how much it cost to do them, what resources are needed to continue to do them and how they make a difference--a significant step forward in accountability to the public.

Several larger agencies in the state are using balanced scorecards: Columbia-Boone, Springfield and St. Louis City to name a few. MICH, in partnership with MDHSS and Heartland Centers for Public and Community Health, will focus on the needs of small agencies and how they can effectively use a balanced scorecard. This summer, MICH will be working with the 12 agencies in the Mini-Collaborative to choose six areas to measure and designing a means to measure them.

As MICH works with the Mini-Collaborative this summer and fall, we will record our progress and report on successes and failures to help you in becoming more accountable.