

Implement Performance What?

CDC PIM Network Call

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Moderators: Liza Corso, CDC/OSTLTS

Teresa Daub, CDC/OSTLTS

Teresa Daub: We've already begun. So the first question, please indicate your affiliation, is going to give us a sense of who is in the room - the virtual room.

Ok it looks like we have almost all the votes in. Make sure all the results are available to you. So you can see probably not a surprise most of the participants on today's call are with the state health department. Our next poll question is going to give us an idea of how many people are participating in today's call. We'd like to know how many people are in the room and where you are. [Laughter]

Ok as you can see, almost three quarters of the participants are sitting solo today. Thank you for participating in this poll and giving us a sense of how many folks are in the room. We have a few more polls at the end of the call today. We want to hear your thoughts on today's call. So we hope you'll plan to stick around and participate in those polls at the end of the call and let us know what you think about the call. So, no I'll turn the presentation back over to Liza to introduce our speakers.

Liza Corso: Thank you Teresa, I'm excited today to introduce you to four people who have done a lot of good work in performance improvement – in leading performance quality improvement efforts in their health departments. We'll hear from our speakers before we take questions today. Although, if you have some really quick easy questions you can send those through the live meeting site and we'll try to do those clarification questions quickly after each presentation. But, we'll really want to save a lot of the questions for the end of the call. First you're going to hear from Dr. Dawn Jacobson from the county of Los Angeles, Department of Public Health. Dawn is a preventative medicine specialist and director of performance improvement for the department. She's also an adjunct health policy researcher at the RAND Corporation in Santa Monica, California. And, Dawn previously served as a senior clinical advisor for the US Department of Health and Human Services. And, she worked on "Healthy People 2010" staff. So with that, Dawn I will hand this over to you.



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Dawn Jacobson: Hi, good morning or good afternoon everyone. This is Dawn and thank you Liza and Teresa for providing this forum for all of us to meet and talk about what we are doing. It will be very exciting going forward to hear what we're helping progress. We begin creating a culture of quality improvement in Los Angeles County in early 2000. It was actually our county executive office which took the lead and did a "Mark Friedman Results-Based Accountability" approach, which you'll hear about a little later, really for all our county departments one of which is the health department. It really motivated us to then move into other aspects of doing what we now call performance improvement in our departments. A colleague of mine uses this "Implement Performance What?" as her first slide because we've really changed what we've done over time. We've called it "quality improvement," we've called it "performance improvement" and to this grant performance management that comes in as well. But, we really have been doing this for about a decade now and have gone through various types. Next slide please.

We have a division of quality improvement which reports directly to our health officer Dr. Jonathan Fielding and the medical director of our department will receive that division of seven administrative units which is the left column there. The performance improvement director then sits in the office of the medical director along with two other function areas which are on the box on the right. Professional Practice has to do with workforce, development, credentialing, and duty statements that reflect rule specific comp, disease, and science reviews around evidence based practices. The umbrella term "Quality Improvement" really means those three core functions for us. I think other places may call that an infrastructure division, we have used the term "Quality Improvement" for that. And, specifically within the Office of Performance Improvement, there is one FTE. They implement the performance measurements and lead the performance projects across the department. Next Slide please.

We have really incorporated three key elements that we consider performance improvement. Strategic planning is led out of a separate office, Office of Planning and Policy Development. That's really of course where the strategic planning assessment is done, determining our priorities and goals. The second two bullets which we'll talk about today that are in the Office of Performance Improvement we started separating out what we call our performance measurement system and we have a framework for how we collect and write measures and data collection reporting timeline. Then we brought in health care improvement methods for improvement that is collaborative across department approach to the project. We recently completed eight pilot projects for number three which we will take lessons learned and apply it throughout the department. Next slide please.

How is all this coordinated across the department? How many people make these things happen? I'm actually going to go bottom to top, last bullet to top bullet, it might make more sense. We already talked about the Office of the Medical Director has one FTE to provide all project management and leadership as the overall vision for the initiative across frontline staff. When it comes time to do data analysis we are responsible for crunching the data and writing the performance reports for the department. The second bullet which is our Executive Team Coordinating Council is a subset of our executive team. That is really responsible to provide key aspects for anything related to the key three elements. So for



example, the director of the Hispanic office sits on that. Our chief science officer sits on that, as well as, the medical director and the director of training for the department. We are also moving toward having that group prioritize and collect all of the performance improvement projects that occur in the department. Now what I think is really the jewel of our department is a fifteen member, or so, performance improvement team. This represents all of our key areas, our staff office, and we meet monthly to really talk about what performance is, what our priorities are, how we can coach each other. And, really see that as a learning collaborative where we get together and do part business meeting part learning session. We have data collection every six months. We talk about how we can change the content not just the data, but the actual wording of our measures. So now with “Healthy People 2010” we have to align with language and standards from there and so those are the types of assignments that the team focuses on. In addition to leading PI projects in the department. We also have a training workgroup that is looking at the best way to disseminate what we as a group of experts think are key things all people in this department should know about performance measurement and improvement. There are other various things that the team addresses, but we’ve been meeting for about three years now monthly and there has been some great what I consider “buy in” and team faith developed with what performance is and what we do. Next slide please.

I’m going to go through the next slides fairly quickly, but if anyone on the call has questions about our framework I’d be happy to talk with them another time. We based our performance measurement system on Mark Friedman’s “Results Accountability.” We have 13 operational units that are required to have a set of public health measures. And, by public health measures we mean both the population levels, outcomes that they feel they are influencing across the county. As well as, very specific process and output measures that a specific program in a unit might be working on. We consider those linked so every health outcome should have a couple of process or program evaluation measures that come with their higher level outcomes. We integrate everything with two key federal initiatives: Healthy People 2010 and the Accreditation Domains / Essential Services of Public Health / NACCHO Standards, for those who prefer that language. And it is all integrated so we can query a dataset by how many people are working in implementing policies so eventually we think that will help us when we apply for accreditation and analyze our dataset for what services we provide in our department here. Next slide please.

This is just a very basic outline of our conceptual framework. Again, we link measures that go together and we consider any performance improvement project to be directly influencing both program level and community level output. Next slide please.

We have organized all of our data currently in excel spreadsheets. And, we have a labeling / formatting approach that keeps the population indicators and specific measures in sync and findable and easily searchable. And, we are hoping to merge these spreadsheets into one main online database using the CDC funding. We set our reporting once a year, a main report that really synthesizes and creates graphs, charts, and maps – once a year. And when and where possible, a mid-year brief update for any interesting developments that we see in the data. Right now we have selected reviews with our health



officers and deputy director where we ask the execs to tell us who they want to meet one on one to find out more information with what is going on in their data. And, we call those progress reviews – probably because they were done in Healthy People where they are called progress reviews. But, those will hopefully turn into a department-wide review where everyone sees and comments on interesting aspects of data. Next slide please.

For those of you that are working on performance improvement projects you'll see this is the institute for healthcare improvement steps and again if you have more questions about that please contact me later. But, we felt this was very simple... We kept everything very simple and used these steps. Next slide please.

We've set an annual timeline now. We find this is very helpful to the team that there is a regular time for everything, for data collection / reporting and we've stayed on track for the last three years. But, with adding the performance improvement projects it is getting a bit challenging. Final slide please.

In summary, our performance improvement system is really three elements all of which require project management, cross department coordination. It does take a lot of time. And we felt that executive leadership especially coordinating council is essential and we're moving to increasing capacity over the next several years with the CDC money. Thank you.

Liza – Thank you so much Dawn. I think that it is so interesting that you hear about all the good work that LA County has been doing. And, I'm sure there will be some questions and discussions at the end. We're going to move on now to Joyce Marshall who is going to be speaking about the work that has been occurring in Oklahoma. Joyce Marshall is the director at the office of performance management in the Oklahoma state department of health. In this role, Joyce oversees all the agency wide performance management activities, strategic planning, quality improvement, and accreditation readiness activities. She works with both the state and local health departments. As many of you may know that is a centralized state. Joyce is also an alum of both Oklahoma Public Health Leadership Institute and the National Public Health Leadership Institute. So, without further ado Joyce I'll turn it over to you.

Joyce Marshall, MPH – Thank you. Good afternoon everyone. As far as the office of public health management at the Oklahoma State Department of Health, first I'll start with just a little history - next slide.

The office of performance management was established upon request of the commissioner and approval of the board of health in late 2006. And, in 2007 I moved into that position. It directly reports to the chief operating officer and commissioner so we do have a direct line to senior leadership. We've gone from one FTE in 2007 to 2.75 FTE currently and that's with a full time director, a full time training and evaluation coordinator and an administrative programs officer with a budget of 350,000. The roles of the Office of Performance Management in Oklahoma, the initial role, started out to design develop and implement a performance management system. Quickly that role expanded to balance the direction and management of agency wide strategic planning, performance management, quality improvement,



and health improvement planning and accreditation readiness processes. It is agency-wide and state-wide across all service areas in 68 county health departments. We are a centralized state in Oklahoma so it covers all service areas and county health departments within the OSCH structure. Next slide please.

Some of the key outcomes over the last few years for our office have been:

First, we have implemented a step up performance management system throughout our department. This is a web based system designed to measure the performance of OSCH services and county health departments with quantifiable indicators important to achieving critical agency goals. Each service or county health department strategically sets their plan for their individual service or county health department. That will measure those processes and outcomes most critical to the success in their area. While meeting the needs of their customers, clients and aligning to overall department goals. The system also captures effective practices, barriers and lessons learned that can be shared across the agency to assist all areas and effectively and successfully carrying out the agency's most critical services and functions. While we have always been a ct-wide process with our web based application we were happy to have recently received a 2010 digital government achievement award, as one of the best state and government internal projects in the US so that really helped the process.

Secondly, we did service one of the eight states selected to the PHAB beta test site where we went through a fairly rapid test application process self-assessment, data collection and site dev. Overall, it went very well it was challenging yet very rewarding. It really gave us the opportunity to evaluate the effectiveness and efficiency of our services to a national standard or benchmark while meeting our agency strategic planning and goals. It also provided staff commitment and goal unity toward the demonstration of evidence that we were meeting those standards along with an opportunity to showcase things we were doing well. While we would have liked to have said that we received a perfect score in reality there were some gaps from where we were and where the standard was set. And, while we most enjoyed providing evidence of those standards where we exceeded, identification of the gaps was where the most benefit was truly gained. Our greatest benefit of going through the beta test process was one of quality improvement for our organization and our state. Strategic plans, health improvement plan and assessment - over the last few years we did complete those three items which are also the PHAB core components requirements. Each did take a significant amount of time to compete, but has reaped many times the rewards of costs and time in completing.

Also, as part of the multi-state learning collaborative we created quality improvement teams to address specific issues in our agency that have led to various successful results. Some of those, and I know these are similar to ones that others have experienced who have taken on quality improvement: We had a statistically significant decrease in our Catch Kid's Club participants BMI. We also have a new visually pleasing state to state health report that provides state and county-wide data on 35 overall health status indicators in report card format broken down demographically by age, region, time period, income, gender and race ethnicity, so that target improvement areas can be readily accessed and tracked. A 44% increase in students who correctly responded to the majority of physical activity



behavior and nutrition knowledge questions. And, a couple more: 35% improvement in health improvement planning teams. Media effectiveness and an overall improvement of 75% in community sector involvement in meetings. This has really helped to get quality improvement in to our agency. We are really trying to establish a culture of quality improvement. We're not there yet, but we're working towards it and each successful quality improvement team result is helping get us closer to that culture.

Finally, in relation to the performance management model schematic – next slide please – as we became more and more involved in various performance improvement and activities in our agency it became more and more important to assure alignment and understanding of the various pieces and how they all work together. We developed this schematic or model that has been very useful in simply describing how our activities align, what main tools we are using to accomplish them and how each area builds and has impact on the others. National benchmarks such as Healthy People 2010- 2020, 3 core functions, 10 essential public health services, accreditation, and the United Health Foundation and Commonwealth and Report were used along with our state to state health assessment report and multiple listening sessions across the state to complete our state health improvement plan. The agency then built out the national benchmarks and Oklahoma Health Improvement Plan to complete its strategic plan using the strategic mapping process. In cross cutting strategic targeted action teams or stat teams were set up to address health improvement in nine priority health status areas including: smoking, obesity, immunization, children's health, infant mortality, prenatal care, cardiovascular disease deaths, occupational fatalities, and preventable hospitalization. Along with infrastructure support areas such as workforce, health information exchange, policy and advocacy, and quality improvement and accreditation using the step up tool.

Additionally our core services document using the business plan approach was done to responsibly align those resources and those agencies priorities. This then led to service area and county health department strategic plans were set and aligned to the agency and state national goals through step up along with community health improvement plans that then begun through the map processes and our training point coalition's step up tool. And finally, individual employee's aligned their roles to their service area, county health department and agency goals through our individual performance management appraisal process. While this alignment was critical to assure we were all moving in the same direction to have the largest impact the way you really see this impact is with the arrow going in the reverse direction. By aligning our performance management activities an employee can see how their individual contributions leads to success in their service area, county health department communities, which then leads to success and impact at the agencies in the state and national levels as each areas success builds upon the other. This has really helped us explain to the different employees, it has really resonated with them, to see how everything ties together and has been a good tool for us. With that, I'll turn it back over to Liza – thank you.

Liza – Thank you so much Joyce. It is just great to see how Oklahoma has been bringing this all together. We are going to move quickly to our next speaker and that is Joe Kyle from South Carolina. Joe has been with the Department of Health and Environmental Control in South Carolina (DHEC) for 14 years. He's



currently the director of the Office of Performance Management for Health Services. As such, he serves on the agency's strategic planning committee is the co-chair of the community assessment workgroup and is a co-chair of a workgroup that is a partnership effort between the university in South Carolina and DHEC. And, I know Joe and he's been doing some great work for years there. So Joe, (I'll turn) it over to you.

Joe Kyle – Hey, thank you very much and good afternoon or good morning everyone depending where you are. Thank you very much, for the opportunity to share a little of what we're working on here in South Carolina. What I want to do during my allotted time right now is just briefly touch on how governmental public health is organized in South Carolina and how it functions and then within context then touch on, discuss briefly the office of performance management – where it sits within that scheme. And then, talk a little about the Office of Performance Management itself in terms of its resources, its history, and some of its current activities. And, finally I'll conclude by providing two examples of performance measures we've been monitoring / backing and just talk briefly about them – to conclude my remarks. Next slide please.

So, you have in front of you just a high level organizational chart of the state health department and just a couple things of note:

Similar to Oklahoma we are a centralized system so you'll notice on the right hand side that red circle there says, "eight local public health regions." What that means then is that our local health regions in the 46 county health departments that feed into those regions are all part of the centralized state system. You'll notice on the left hand side where the red circle is that's where the Office of Performance Management is located. And, it is within something called "Health Services Operations" which is really a support and coordinating unit. That cuts across the span of health services deputy area. So for example in this case then the Office of Performance Management will provide technical support and work with, from going from left to right, the Office of Minority Health and its various sub units and then underneath state and public health services the major bureaus that are probably familiar to you all, you may call them slightly different, but somewhat familiar to you all – maternal, child, health, disease, role, community health, and things of that sort. And then finally, on the far right side we also provide technical support and work with clinical services in terms of the Office of Nursing, Pharmacy, and so on. So we are very much a support unit, a coordinating unit and in some ways play a consulting role supporting these various programs and activities at the state, regional, and local level. Next slide please.

Just to re-enforce what I just said here is the entire state and you'll notice that there are eight public health regions and the other idiosyncrasy or unusual thing about our state is a at the local level decision making management and leadership is really not provided at the county health level. It's found at what we call the "Region Level." So, we have eight public health regions headed by a director and his or her team, immediate team, the regional leadership team is really where the authority and management of the local health departments takes place. And in some ways you can say then that the county health departments are sort of branch offices, if you will, of the regions. Next slide please.



So, moving over now to the Office of Performance Management we have three-point something staff currently. We have a director (myself). Masters prepared, I have expertise in planning and quality improvement. We also a quality improvement coordinator, who is also a masters prepared individual and has expertise in quality improvement and evaluation which is a slightly different and very much of value - perspective that we use readily. Finally we have a training coordinator who is also masters prepared and has expertise in curriculum and training. Then the “point what have you,” a very capable graduate assistant that works about 20 hours a week with us. Next slide please.

So, in terms of our history we were created in 2004. Started with myself, one staff and really at that time the focus was on general coordination across program lines. Just really trying to get a handle on the various silos that we have within the department and to try to figure out to what degree we could get disparate organization units working together. So we organized what we called in those days “The Health Services Operational Plan” around health status measures. So for example, taking something like obesity then, which organizational units within the department were working on some aspect of addressing obesity? It was a way to kind of coordinate and integrate slightly in the beginning that kind of work organized around health status measures. In 2007 we added second staff and at that moment we really transitioned away from this kind of broad planning and really much more focused on performance management with more looking at specific performance measures and metrics analyzing that data and then focusing on quality improvement based depending on the results we were getting. Finally, in 2008 we comprised the full team we have a third staff member was added and that’s really the focus on workforce development, performance management, and quality improvement. Just as a side on that, that work is focused more on public health competencies and addressing public health competency needs we may have within the department and designing and implementing courses, usually distance based, that staff across the state can take to improve their skills and competencies around public health knowledge. Next slide please.

So our current role in 2011 I mentioned work with all programs, the administrative units, and really our focus in this sense is to develop what we consider sound performance measures that are very much measurable. That have a good numerator, a good denominator, well defined time period and a very detailed specification sheet so that anyone can look at the measure and understand what it means and how it’s being measured, ensuring that you are comparing apples to apples across organizational units. Then we also have a monitoring and reporting system that we are focusing on based on the measures that we’ve developed. We are doing specific quality improvement work on projects. So if for example, one of us is working in one of our health departments looking at patient flow analysis and looking at how a family planning clinic is working in terms of people coming in, people leaving and how that flow is working and the staff in that family planning clinic whether their time is being optimally used. We get into doing that kind of very specific project thing and then in addition to that we work with leadership looking at quality improvement overall. Really trying to figure out and develop frameworks and systems so we’re developing more of a learning organization and promoting quality improvement and really ingraining it into our culture. That’s more us working with leadership at all levels to have them understand what quality improvement is all about, what performance management is all about, and



really what a necessary and valuable role leadership has to play to promote and support quality improvement work going on currently and into the future. In terms of planning and analysis we work with developing strategic planning things and we definitely link our performance management system to our strategic planning system. Next slide please.

In terms of performance management currently looking at about 180 performance measures that cut across the span of health services and we use a relatively rudimentary, but functional data system to monitor these measures and one of the main focuses that we've had from the beginning is a focus on transparency so that any staff person anywhere in the state can look up how any other organizational unit within the state is performing on a given measure. That is all within the centralized state system that we have. This is on our intranet, so anyone at a DHEC department can do that. The performance measures that we are monitoring are as I mentioned both programmatic and operational and they can be at the state level only, only applicable to state level activities, some of them are only applicable at the regional level activities, some of them are only applicable to county level activities and some are really at all levels of the organization. We have a subset of about 25 priority measures that we're looking at within those we have two measures that require documented quality improvement work and I'm going to talk about one of those in a little more detail in just a second. The first measure was related to family planning caseload and the second one was implementing a tobacco use screening in all of our clinics. Next slide please.

So I want to conclude my remarks with this, showing you two examples of performance measures and kind of give you a sense of what the possibilities are at least in our context and what we've been working on. This first one is really an internal operational measure and essentially what it is, is every staff, every member, every employee is supposed to have a performance appraisal done every year and the standard is that 100% of all employees will have a performance appraisal so this is a way to quickly look at to what degree are we meeting that standard. You'll notice that one through eight; those represent our public health regions and then the column heading HCSO that represents the state level central office and then finally health services overall the aggregate totals. You'll notice we have three data points: December 30th of '09, April 19th of '10 and July 19th of 2010. And, you can notice the various percentages. So it is agreed, I think what this represents is what the old cliché, if it is a cliché, "what gets measure gets done." And you'll notice several organizational units including at the state level were certainly far away from that 100% when we first started looking at this. But, through this process of people being aware that this is being monitored and looked at I think management definitely responded and although we're not at 100% yet you can definitely notice the improvement. For some units the improvement is negligible if any, because they were already performing at a very high level, and other ones that were further behind were able to jump and move quite ahead. You can see through the agency overall we're at about 96% now, of all of our employees having a current performance appraisal. Next slide please.

Finally, this is another example of a performance measure and what this is, is about three years ago the leadership working with mid level managers decided that we really needed to not only talk about



promoting sound tobacco policies in communities related to smoking ordinances, and also very sound evidence based policies in our schools, public schools and the state. But, also the department itself really needed to sort of walk the walk if you will. What this is then, it reflects that what I think is the walk the walk, the “2As” this is referring to is tobacco use screening and the decision was made that we need to implement the evidence based intervention, tobacco use screening in all of our clinical based operations across the state. And one way to tell whether or not that is being well implemented is to look at the number of fax referrals that are going into our statewide quit lines which is an evidence based intervention for people who are tobacco users. You’ll notice then on the far left column there are the DHEC regions and then you have Jul-Dec 2009, during that six month period for the whole state there were 85 fax referrals received at the quit line and you can see the obvious improvement as we went about implementing a learning collaborative to figure out the best way to deploy this policy. And, then you can see as it is fully operation you can see the dramatic increases in the fax referrals that are going in to the quit line right now. You’ll also note that a high proportion of those fax referrals are coming from the state health department in other words then that the policy and how it was being deployed at the operational level, at the clinic level was being adhered to and that it was being done at a high level resulting in a high number of fax referrals. That concludes my remarks, thanks.

Liza: Thanks Joe. It’s great to hear about the work you’ve been doing. And, we’re going to move quickly to Joan Ascheim so we can be sure to have just a little bit of time for questions at the end. Just as a reminder please if you are logged on through live meeting, please input a question and send us questions. We’ll be sharing those questions with speakers and discuss those at the end with the time that we have left. It’s now my pleasure to continue our eastward journey (we went from west to east) and introduce to you Joan Ascheim and she’s with the New Hampshire Division of Public Health Services. Joan has held many leadership positions in New Hampshire and is currently the bureau chief of the systems policy and performance bureau and in this role she’s leading the performance improvement activities for the division including strategic planning implementation of the National Public Health Performance Standards, as well as facilitation of public health improvement teams and oversight of accreditation activities. So, Joan...

Joan Ascheim: Thank you Liza. Next slide please. Our history for performance improvement began in 2004. We had been a member of the Robert Wood Johnson Turning Point Performance Management Collaborative. Following that created The Bureau of Policy and Performance Management in 2004. We restructured last year and changed our name to include public health systems as we started really focusing on accreditation and more broadly looking at regional public health systems. Up until today, we have a staff of one now we have a staff of two working on performance improvement with the new public health infrastructure grant. So, we are very excited about that. Similar to Oklahoma and South Carolina we report directly to the director of public health and we do this sort of as a cross cutting support unit to the rest of the division – next slide.

This is what I call our circle of performance improvement and it represents the various areas where we are working across the division some of these are internal efforts such as our strategic plan that we



recently completed that has a foundational priority that we address performance management across all the other strategic priorities that we developed in our strategic plan. Getting ready for accreditation is another internal initiative and our public health performance improvement team which I'll talk about in more detail is internal. The other areas are external where we are working / collect performance measurement data from our contractors. We've done work around the public health performance standards. We're doing other work around regionalization and looking at helping our locals get ready for accreditation and also our QuILTs which are our multistate learning collaborative, many collaborative. I'm only going to talk about a couple of these with the time I have left. Next slide please.

So our internal public health improvement team similar to what Los Angeles is talking about uses the IHI model we too adopted the "Plan, Do, Study, Act" because we thought it was a simple, but effective way to look at managing change and performance improvement. We modeled this similar to what a hospital would use as a quality assurance team. We have a team, and we would bring people from various programs in to talk about areas where they would like do improvement. Some examples of those are we had our communicable disease nurses did a rapid cycle change to look at whether or not they were responding to call on night and weekends for reports of infectious disease. We also looked at in our HIV program the promptness with which they interviewed cases and offered partner services and internally we looked at our time that it takes us to process contracts through the system here because much of our work backing local public health is done with contract agencies. So that is a very important process for us. Next slide please.

I'm going to switch gears and talk now about some of the work we did improving the public health system in 2005 we used the National Public Health Performance Standards to look at our public health system and through that we developed the plan that you can see our public health improvement action plan. We developed six strategic priorities and for each of those a workgroup. We had enacted into legislation a public health improvement services council to oversee the work that we were doing. Next slide please.

These are the six strategic priorities that came out of that process many of them will look familiar to you five of them are of the essential services and one is not. Number five is to develop a communication plan, in essence a marketing plan because it was the belief amongst almost all the workgroup that people don't know what public health is and if we were going to really be able to sustain the work of the public health system we needed some recognition of what public health is. Next slide please.

So I'm just going to show you some examples of what we accomplished through that. In our workgroup to inform and educate the public it was decided that we needed a way for public health practitioners around the state to know what one another is doing. So we created this website and you'll see on the left hand side in the purple box is health promotion and disease prevention. We developed an inventory so that people could see who was doing what around some of the priority areas in New Hampshire. Those being: tobacco alcohol, physical activity and nutrition. So it is an online survey that people can complete where they can then upload and after and administrator has looked at it we can look at what's happening across the state in those areas. Next slide please.



One of our other workgroups monitoring health status, we work together with our public health partners primarily the University of New Hampshire, but our Medicaid program and public health to develop New Hampshire HealthWRQS which is a web based query system. People can, if you see where it says "Report Library," people can go in and request what they are looking for whether that be birth defect data for a particular county and for what year click a button and they get that automatically. If they have requests that go beyond some of the canned reports that we already have they would submit an online request. Next slide please.

Our communication plan, we really had to develop what was our goal for this and we decided it was to convey the importance and value of public health so we researched other states and looked at market research for what people understand and their values relative to what public health is. We launch a public health campaign tagline, "Improving Health. Preventing Disease. Reducing Costs For All." You can see it's with our logo. We use that on all our materials now. We did a public health campaign, then we evaluated the reach and use of those materials. Next slide please.

This is just a sample of one of those, this ran as an ad in the paper and we now have it as posters. We wanted to tie it to what our health priorities where so this is one about physical activity. We also wanted to tie it to the cost issue that we believe is very important for people to understand. That we can save costs with public health prevention and so in each of the posters that we produced, you can see in this one it talks about the annual medical costs for obesity in New Hampshire of 302 million and the cost of a pair of walking shoes is about 50 dollars. So that's just a sample of the materials. Next slide please.

That's a quick summary of what we're doing in New Hampshire. We're excited now as we move forward with our public health infrastructure grant, that we really believe having more than one person on this we can move forward by leaps and bounds, we'll be doing a lot of training for our staff internally on performance improvement and looking at performance management IT systems.

Teresa: Joan, thank you that is an exciting presentation and exciting opportunities that you highlight. Thank you for your presentation, thanks to each of our speakers. We have about five minutes remaining for questions and comments and Joan since you have your phone line active there if I could ask you to take our first question. Maybe we'll just take one question from our online questions and open the line if there is any additional discussion. One of the questions that came in is what reference materials would you suggest for reading for folks just getting started, what would be of interest and recommendation?

Joan: I think the website for the Institute of Healthcare Improvement is a really good resource. And then, I would go to the National Network for Public Health Institute – the multi site learning collaborative website that really looks at all the materials that are out there. There are an abundance of them.

Teresa: Great. Thank you. Any of our other presenters have strong recommendations on this question?



Joe: This is Joe. This may already be included in the NMHI website that was just mentioned, but the Public Health Foundation I think is the repository of a lot of the Turning Point work that was focused on performance management. And, it had a lot of excellent resources as well.

Teresa: That's a good one too, Joe. Thank you.

Dawn: This is Dawn. For the local, but maybe for the states as well, the NACCHO website has their quality improvement toolkit which lists a lot of resources. Three that I found particularly helpful are the Michigan quality improvement handbook or guide book which they are updating now, and two counties that have been very helpful in our work here are Tacoma-Pierce County in Washington (things they've posted in the NACCHO toolkit) and the Berrien County, Michigan materials.

Teresa: Thank you for highlighting those resources. Liza, are there any you want to highlight from our end, give our perspective?

Liza: You know I think the one thing that we'll mention is that we are pulling together a website on the OSTLTS web page that will have resources and information for performance and quality improvement and in fact the various resources that have just been mentioned or clearing house websites will be linked to from that page. That will give everyone easy access to those things. One other question that had popped up related to having the speakers share documents and some of the plans. Well, we wanted to mention that we're going to be launching very, very, very soon a PH connects virtual community for the performance improvement managers. That will be the ideal forum for everyone joining that and sharing documents among each other. So we think that that's going to be something exciting, so look for that in literally the next week or two.

Teresa: We are basically at time. I apologize for that, I would have hoped to have more time for questions and discussions, but I want to suggest that for questions that we didn't get to in the online box we will send those out via the network and also the PIM Network e-mail address that you see on your screen now if there are any burning questions especially that you have that we didn't get to feel free to direct those to that e-mail box and we will follow up that way. We do have a couple of polls here at the end. Maybe we could skip just to the last one in the interest of time and that is our question about how would you rate the webinar overall.

Liza: Ok, thank you very much. We apologize for some of the issues and the static that occurred with today's call. I think that that is something that we hope to smooth out as we proceed with these. Hope you plan to join us for the next one on March 24th. We'll have speakers from the Public Health Foundation. They will be talking about the concepts of public health improvement performance management. We're exploring the potential for having two different times for that call because that will be a webinar. One will occur at 4pm on March 24th Eastern Time and we will let you know very shortly if there is going to be a second time and what that will be. Stay tuned for more information on the launch of the web site and we'll be putting up the recording from this Performance Improvement Managers



conference call. With that, are there any final comments or very quick questions that we would want to take in this last minute?

Thank you so much to our speakers we really appreciate you sharing your expertise and thanks to everyone.



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