

Evaluation of Two Public Health Performance Measurement Models

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Executive Summary

Public health has long been charged with the responsibility of health promotion and disease prevention within the communities. It serves both communities and the individuals within them by acting as a catalyst for change, maintenance, and improvement to the overall public health system. With this evolving and enormous task, public health departments must strive to assure quality and accountability to their key stakeholders—the community. Through utilization of performance measurement tools, local health departments have a framework for assessing and evaluating public health practice. In a proactive measure, the Kentucky Department of Public Health teamed with the University of Kentucky to research and pilot public health performance measurement tools in local health departments across the state. The project goal was to identify an assessment tool that could be used to establish a uniform set of standards of public health practice in Kentucky’s local health departments. Furthermore, the tool would be used to provide assistance in the establishment and/or maintenance of continuous quality improvement measures for public health departments throughout the state. The project was presented to the scholars of the 2003 Kentucky Public Health Leadership Institute (KPHLI) class to solicit volunteers to assist with the pilot project. Our KPHLI group began work on this project in June 2002. The primary purpose of our project was to provide assistance to Department of Public Health and the University of Kentucky by serving as consultants during the pilot process. We would also have the opportunity to evaluate the tools to determine if they had relevance to local public health practice, utilized resources wisely, and would be easy to implement. The two models were piloted and tool evaluations were conducted. Those evaluations along with input from the KPHLI scholars were presented to both the Department of Public Health and the University of Kentucky for further analysis and possible implementation.

Evaluation of Two Public Health Performance Standards

Introduction

Public health has long been charged with the responsibility of health promotion and disease prevention in its communities. It serves both communities and the individuals within them by acting as a catalyst for change, maintenance, and improvement to the overall public health system. With this evolving and enormous task, public health departments must strive to assure quality and accountability to its key stakeholders—the community.

Through utilization of performance measurement tools, local health departments have a framework for assessing and evaluating public health practice. The Kentucky Department of Public Health and the University of Kentucky collaborated to research public health performance measurement tools. Their joint venture would include the process of piloting two tools in five local health departments across the state of Kentucky. The project was presented to the scholars of the 2003 Kentucky Public Health Leadership Institute to solicit volunteers to assist with the pilot project. Our KPHLI group began work on this project in June 2002.

Project Description

The project goal was to identify an assessment tool that could be used to establish a uniform set of standards of public health practice in Kentucky's local health departments. Furthermore, the tool would be used to provide assistance in the establishment and/or maintenance of continuous quality improvement measures for public health departments throughout the state.

Objectives

The project objectives were:

- (1) to provide assistance to the Kentucky Department of Public Health and the University of Kentucky as they piloted the performance measurement tools

(2) to evaluate the assessment tools on the basis of relevance to local public health practice in Kentucky

(3) to assess practicality of implementing process both financially and technically.

Methodology

In August 2002, the KPHLI scholars began work on the project. Research was conducted on each model to provide the scholars a more thorough knowledge base on each evaluation model. From this research it was determined that the performance tools evaluate two different measures. The Michigan Model assesses internal agency function and policy, while the National Public Health Performance Standards (NPHPS) model assesses the community's ability to deal with public health issues.

The Michigan Model is a three-step process by which local health departments assess their internal operations. The program identifies standards by which public health departments practice. The model ensures that grant funded programs are meeting minimum standards for funding continuation. The three-step process consists of self-assessment, on-site review, and corrective plans of action. The self-assessment process is conducted by the local health department and aids them in identifying deficient areas. The on-site review is then conducted to examine documentation, interview staff, and verify that the local health department is meeting the essential indicators of assessment. The third step is a corrective plan of action in which the local health department develops and submits plans of action to correct deficiencies.

The NPHPS model measures the performance of the local public health system and the practice of public health. It is a tool based on the 10 Essential Public Health Services that provides the community with a comprehensive view of its public health system. The local health department

is only one of the components in the public health system of a community, yet serves as the leader in the community engagement process.

In September 2002 the pilot sites conducted the first step of the Michigan Model. Each health department was given a handbook and suggestions on how to conduct the process. There was no formal training on the process.

In October 2002, formal training was provided to pilot sites on the NPHPS Model and how to implement the within their communities. The KPHLI scholars attended this training and at this point, our role in the project was more clearly delineated. The KPHLI group would be a “silent observer” as the pilot sites conducted the NPHPS Model. The observations would be reported to the University of Kentucky research team in a neutral manner. The KPHLI group would also assist with the project’s evaluation process to be conducted in February 2003. Finally, the KPHLI group would serve as consultants to the research team when requested.

Early in January 2003, more required training for the pilot sites on the NPHPS Model process. The five pilot sites then conducted the project. The KPHLI scholars were involved in the process either as participant, observer, or consultant.

In February 2003, the five pilot sites along with KPHLI group members, University of Kentucky researchers, and Kentucky Department of Public Health staff attended the evaluation session on the two models. The evaluation questionnaire consisted of 22 questions that were asked on each of the models. Comments and suggestions on the tools were recorded and sent to the Department of Public Health and University of Kentucky.

Essential Services

Performance measurement tools for local health departments are based on all of the ten essential services of public health. Therefore, if a local health department is performing its basic duty, it will simultaneously accomplish the ten essential services.

This project, however, most clearly relates to essential public health service number eight, to assure a competent public health and personal health care workforce. Conducting performance measurements of a local health department would assure that a competent public health workforce was in place.

Results/Limitations

There were several limitations to completing our KPHLI project as planned from its inception. First, it was impossible to evaluate the Michigan Model since the entire process was not completed. The pilot sites completed only one step of the process, so any attempt to objectively evaluate the model would have been invalid.

The second limitation was the amount of assistance that we were allowed to provide on the project implementation, since it was a research project. Our role as consultants to the project was not as extensive as we would have liked it to have been. We as KPHLI scholars would have welcomed more interaction and involvement in the implementation process.

Conclusions

Public health departments must strive to assure quality and accountability to their key stakeholders—the community. The project goal was to identify a performance measurement tool that would assist Kentucky health departments in this endeavor. Two models for performance measurement were piloted in five Kentucky health departments. The health departments then

provided their evaluations of the tools to representatives from both the Department of Public Health and the University of Kentucky.

Our project purpose was to assist in the implementation of the pilot project and evaluate the two models. While our role in assistance and evaluation was limited, we are glad that we did participate in the pilot project. Participating gave us an opportunity to provide a good “common sense” opinion on the two models to those in local public health.

While we realize the importance and necessity of continuous quality improvement measures within local public health departments, we do not recommend the use of either of these tools. Implementing these models would require additional staff, time, and money both at the local and state level. One tool was not completed in its entirety and the other was too cumbersome. Perhaps a condensed model of the two would be a more realistic approach for local health departments in Kentucky.

Leadership Development Opportunities

Joel Barrett: When I walked into the first KPHLI meeting I had reservations on if I had made the right choice of applying for KPHLI. As Cynthia began to list everything that we were to do over the next year, I was almost to the conclusion that I was in over my head and needed to get out of the room. But as time went on I found the assignments to be accomplishable and that they made me think about public health in way that I had never done in my past nine years of work at the health department. I truly enjoyed the mental stimulation they brought. I appreciate the opportunity to meet others in public health and discuss professional issues, and also, getting to know my fellow scholars on a personal level and just talk. That is something that we don't get to do very much of in this modern world of ours. The members of my change master group have been great to work with. I think all of us brought something different to the project, which made this so enjoyable. So I wish to thank Stef, BJ, Swannie, and Shawn. We hope that we have been able to remind the rest of our fellows about QOL (Quality of Life) over the past year.

Shawn D. Crabtree: I learned that true leadership is best illustrated at times when things are not going as expected. True leadership pulls what it can from any situation. We went into our project with one whole set of expectations and ended with something totally different. We could have given up out of frustration or just have been non-productive. Yet we persevered, re-defined and moved on. Such is leadership. The best leaders take unexpected situations and adapt. Indeed, this could be the most defining difference between true leaders and followers.

Stefanie P. Goff: Over a year ago, when asked by my director if I was interested in attending the KPHLI, I immediately responded with a "YES!" I love public health and I knew that it would be a great learning opportunity and give me a chance to meet others who share my enthusiasm. At that time, I had no idea of how much more I would gain from the experience. Over the past year, I have learned team building skills and leadership techniques that will benefit me long after KPHLI is over. Most importantly, I have formed lasting friendships. Thanks to KPHLI and to my director for the wonderful opportunity!

Swannie Jett: The leadership summits provided me insight on how to lead people better. I have enjoyed the summits and meeting with BJ Weathers, Joel Barrett, Stefanie Goff, and Shawn Crabtree this past year. The process of completing our change master project was a constant reminder of what a team should resemble. We had a vision to provide recommendations for an accreditation process for local health departments in the state of Kentucky that would be successful. I believe we have accomplished the mission. There were many difficulties and successes with completing the project, but in the end we forged a partnership between us that will last a lifetime....

B.J. Weathers: KPHLI has enabled me to look at myself and my position in a different way. I have tried to focus on becoming more of a leader and less of a supervisor. I have tried to involve everyone in problem solving and brainstorming instead of making unilateral decisions for change. The relationships that were developed and the networking that has taken place during this past year has been valuable both to me personally and to my health department.