Assessing the Lack of Performance Management Models and Quality Improvement Methods as Barriers to Data Usage in Local Health Departments

Kentucky Public Health Leadership Institute Scholars:

Ma'isah Edwards; M.B.A., CMBA, M.P.H., CPH
Regional Epidemiologist; Louisville-Metro Health Department

Jennifer Harris; M.S.
Director; Todd County Health Department

Rhea Michelle Wilburn; A.A.S.
Administrative Services Supervisor; Three Rivers District Health Department

Elizabeth Willett; M.S.
Accreditation Coordinator; Clark County Health Department

Mentor:

Brandon Hurley; M.P.H.
Performance Improvement Specialist; Center for Performance Management, Kentucky Department for Public Health

EXECUTIVE SUMMARY:

Data driven decision making is critical to the future success of public health and specifically Local Health Departments. Whether data is related to services, quality of life, or health performance, the requirement to use data is an innovative concept as it pertains to the operation, management and performance of Health Departments. Several data sources have been used to determine how health departments are meeting these requirements in the area of Accreditation. The NACCHO 2010 National Profile of Local Health Departments, The Accreditation Resource Inventory and Accreditation Coordinator Workgroup Survey, the pre and post surveys from the QI training held by the Center for Performance Management, and The LADS Survey of LHD Directors were all reviewed to show a picture of the current infrastructure and capacities of LHDs.

The NACCHO survey showed 45% of LHDs have conducted formal quality improvement programs and activities. Similarly, in the Accreditation Coordinator Workgroup survey, 19.4% of Kentucky Health Departments have developed a quality improvement plan. In the LADS survey, results show, 59% of health departments are not able to move forward with accreditation due to lack of funding and resources. Additionally, 63% of health departments responded that they need training regarding how to evaluate programs and services using data. Each survey summarizes areas where data builds a case for closing the gap between using data and making informed decisions that move LHDs towards improvement.

The LADS used the 10 Essential Public Health Services, Accreditation Essential Services 8 and 9, and Healthy People 2020: Public Health Infrastructure (PHI) PHI-14, 16, and 17 as foundations for the goals LHDs need to be striving for. We also performed key informant interviews to find out how public health agencies will focus on performance management, QI and accreditation as relating to trainings, approaches, and future plans being developed to assist LHDs. Representatives from the Kentucky and Appalachian Public Health Training Center, Kentucky Center for performance Management and Foundation for a Healthy Kentucky have training schedules in place to help assist health departments with moving towards quality improvement and accreditation. This knowledge helped us formulate recommendations regarding how LHDs can move towards making informed, data driven decisions.

INTRODUCTION/BACKGROUND:

Health Departments in Kentucky and across the Nation are under ever increasing pressure to adapt a decision making model based on the collection, use and analysis of data. Whether data is related to services performed, quality of life status, or health performance indicators, the requirement to use data represents a breach into a new frontier as it pertains to the operation, management and performance of Health Departments. While some Health Departments are forging ahead by standardizing services and developing competencies in their management and staff, many have not yet embraced it. This delay in action has the potential to impact public health on a level that is unparalleled with any other, through the potential loss of significant amounts of funding, an inability to meet community needs, blind decision making, and a credible perception of misuse of public funds.

This issue brings to mind questions that are not easily considered and encompass a great deal of opinion, perception, and conjecture when attempting to do so. Questions such as: Why is there a gap? Is it knowledge, know how, tools, data sources, collection, or training that is missing? Is there more than one driving force behind the gap? How do we close the gap? Is the gap possibly due to a perception on behalf of Local Health Departments (LHDs) and their employees or is it even a misconception about what public health really is? These are just some of the questions facing Public Health Officials, governing entities, LHDs and employees when considering why health departments aren't using data and how to change.

As such, we began evaluating our project by focusing our work on identifying the root cause or causes for health department failure to use data and began by asking the question why. Through a number of brainstorming sessions, we compiled a list of issues considering the collection and use of data including why available sources have not and are not currently being utilized. In considering the results of the 2010 National Profile of Local Health Departments, the depth and breadth of the issue we were examining became much clearer. It was obvious we had to expand our view and look at the system as a whole in that the driving force behind the issue at point was much larger than a lack of tools and/or resources.

The NACCHO 2010 National Profile of Local Health Departments was conducted to describe the current infrastructure and capacities of LHDs and included such topics as accreditation preparation and quality improvement (QI)[1]. As we examined the various measures of the 2010 Profiles, a consistent theme began to emerge, one that is a major driving force behind the issue, but is difficult to pinpoint at a glance. The tables below represent just a few of the measures which reflect the unrealized impact upon public health here in Kentucky and enabled us to identify a major driving force for our project.

As a key area for Health Department use of data, and as defined by the Operational Definition of a Functional Local Health Department, Health Departments are required to "conduct or contribute expertise to periodic community health assessments.[2]" The Public Health Accreditation Board (PHAB) – Standards and Measures, also requires community

assessments to be conducted at least every five years. As clearly shown in (Table 1), however approximately 39% of the population, or 1.7 million residents of Kentucky, are currently being served without meeting this guideline.

Community Assessments in Kentucky

	Kentucky	Percent
Total Population	4,339,367	
Assessment < 3yrs	1,998,509	46%
Assessment > 3yrs but < 5yrs	126,196	3%
Assessment > 5 yrs	738,459	17%
No Assessment	975,241	22%
Status of Assessment Unknown	500,962	12%

1.7 million

Table 1 Kentucky Population served with/out a Community Health Assessment[3,4]

The community assessment "provides the foundation for efforts to improve the health of the population. It is a basis for setting priorities, planning, program development, funding applications, coordination of community resources, and new ways to collaboratively use community assets to improve the health of the population." "The health assessment provides the basis for development of the tribal/local community health improvement plan." (Public Health Accreditation Board – Standards & Measures, Version 1.0 Measure 1.1.2 T/L, Significance).

The Community Assessments is only one of many areas where data use or collection is holding LHDs in Kentucky back from becoming what NACCHO defines as a Functional Health Department. Some LHDs have a current useable assessment conducted within the last five years, but have not yet developed a Community Health Improvement Plan or are operating off of a community plan that is outdated. These LHDs represent services being provided to approximately 1.2 million residents in Kentucky.

Measured in Years	# of LHDs	Population	Percent
CHA & CHIP in last 3	11	1,087,952	25%
CHA in last 3 no CHIP	4	***910,557***	21%
CHA older than 3 less than 5; CHIP older than 3 less than 5	1	35,637	1%
CHA older than 3 less than 5; CHIP older than 5	2	***60,314***	1%
CHA older than 3 less than 5 no CHIP	2	***30,245***	1%
CHA older than 5; CHIP in last 3	3	155,109	4%
CHA older than 5; CHIP older than 5	4	388,162	9%
CHA older than 5 no CHIP	3	***195,188***	4%
No CHA; CHIP in last 3	4	100,175	2%
No CHA; CHIP older than 5	1	13,870	0%
No CHA, No CHIP	13	861,196	20%
Statuses Unknown		500,962	12%

Table 2 Kentucky Populations served with/out a combination of Community Health Assessments and/or Community Health Improvement Plan[3,4]

Another key area for Health Department use of data involves the evaluation and improvement of programs and interventions as identified by the Operational Definition of a Functional Health Department and as detailed in Domain 9 of the PHAB Standards and Measures, commonly referred to as Quality Improvement. As a consideration of functionality, it is essential for Health Departments to utilize evidence based criteria in the evaluation of programs and interventions.

The 2010 Profiles revealed that of the LHDs reporting, 55 percent indicate they are utilizing an informal/ad hoc QI implementation or participate in no QI activities at all (Chart 1). when looking at the responses by size of population served and of those LHDs serving less than 50,000, the percentage increase to 61 percent reporting informal/ad hoc QI or none at all (Chart 2)[1,3,4]. Of the 48 Kentucky LHDs responding, 33 percent reported using informal or ad hoc quality improvement efforts and 31 percent reported an organization wide quality improvement effort.

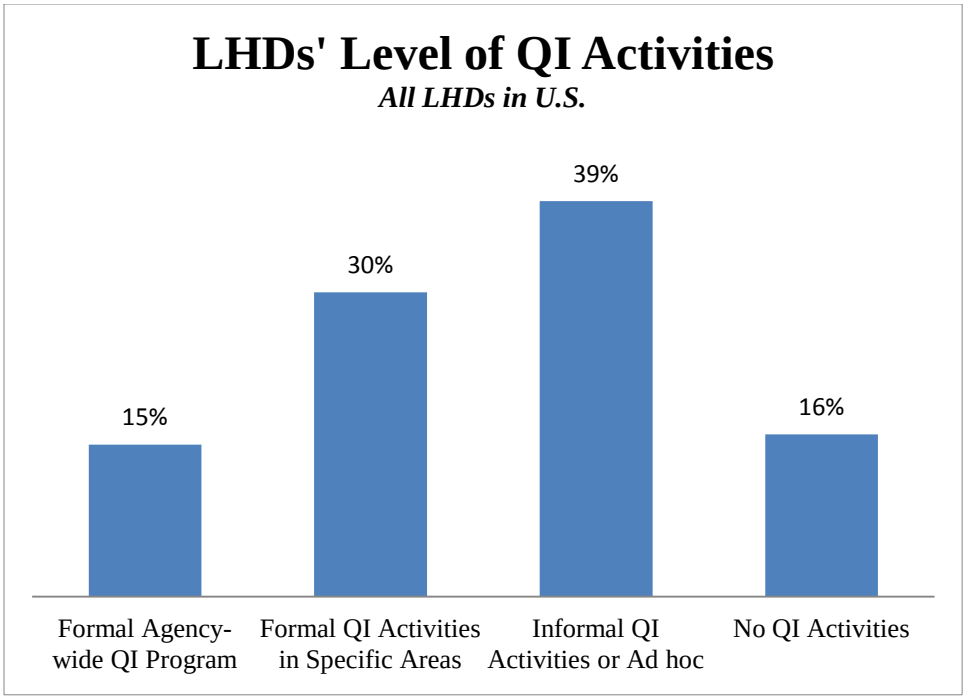


Chart 1: QI Activities [1]

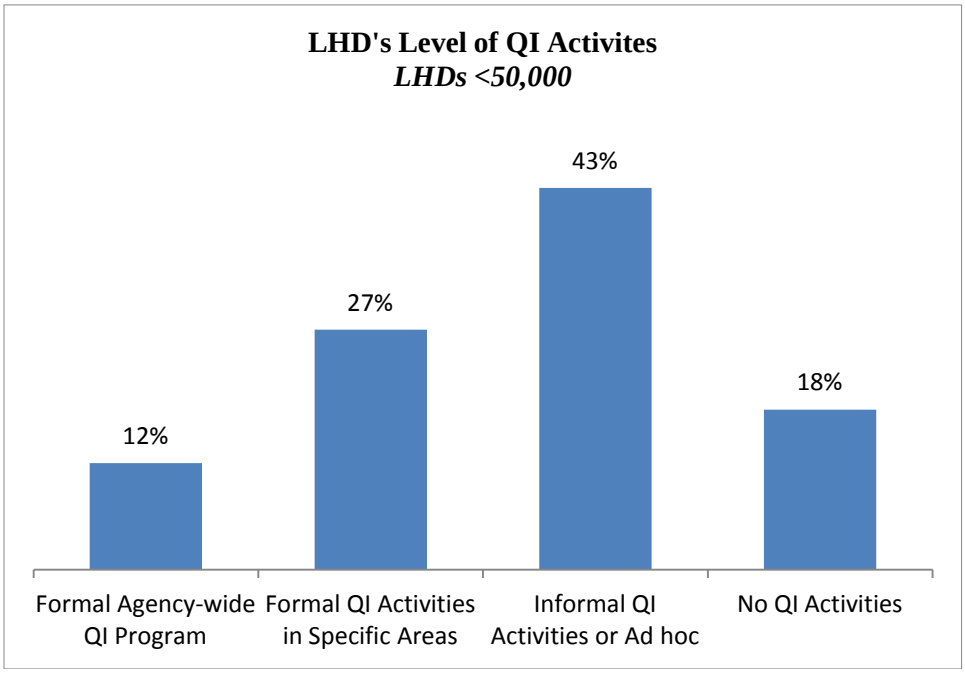
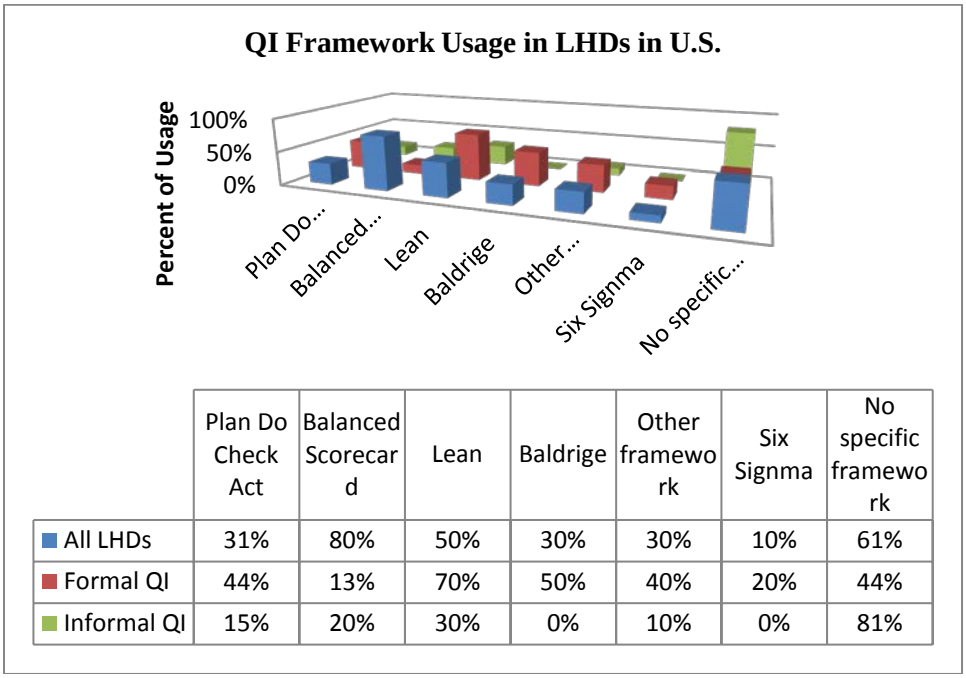


Chart 2: QI Activities < 50,000 population [1]

According to the NACCHO profiles, of those LHDs reporting formal or informal QI, only 39 percent are using a specific framework for their QI efforts (Chart 3). The majority of those are using Balanced Scorecards, Lean, or Plan-Do-Check-Act (PDCA) as their QI framework. In Kentucky, training has been provided on PDCA for Directors and Accreditation Coordinators, but not for Balanced Scorecards or Lean.



	Plan Do Check Act	Balanced Scorecard	Lean	Baldrige	Other framework	Six Signma	No specific framework
All LHDs	31%	80%	50%	30%	30%	10%	61%
Formal QI	44%	13%	70%	50%	40%	20%	44%
Informal QI	15%	20%	30%	0%	10%	0%	81%

Chart 3: QI Framework Usage in LHDs [1]

PHAB, launched in September, 2011, is the first voluntary accrediting agency for state, local, tribal, and territorial public health departments. PHAB requires adherence to standards and measures relating to the 10 Essential Public Health Services. These public health services guide health departments to improve population based interventions, services and health outcomes.

Review of the Profile data reveals that across the country, approximately 29 percent of local health departments plan to apply for accreditation in the next two years and 50 percent responded with an intention to seek accreditation at some point in the future. The remainder of health departments maintained a neutral position with regards to an intention or confirmed they are not seeking accreditation at this time. Currently, the LHDs in Kentucky are at varying stages of commitment to national accreditation. A few health departments have already applied; many have appointing an accreditation coordinator to begin planning, while others have not embraced the changing environment of public health.

Examining the data by size of population served, revealed a decrease in an intention to ever seek accreditation when looking at those LHDs serving 50,000 or less. Determining the barriers to accreditation preparation could prove very useful to the Public Health Community considering that Kentucky has many LHDs serving populations of 50,000 or

less, (Chart 4)[5]. Knowledge of those barriers may potentially identify areas of improvement for state and local collaboration, training, and preparation for accreditation and as well as revealing current limitations in using data overall.

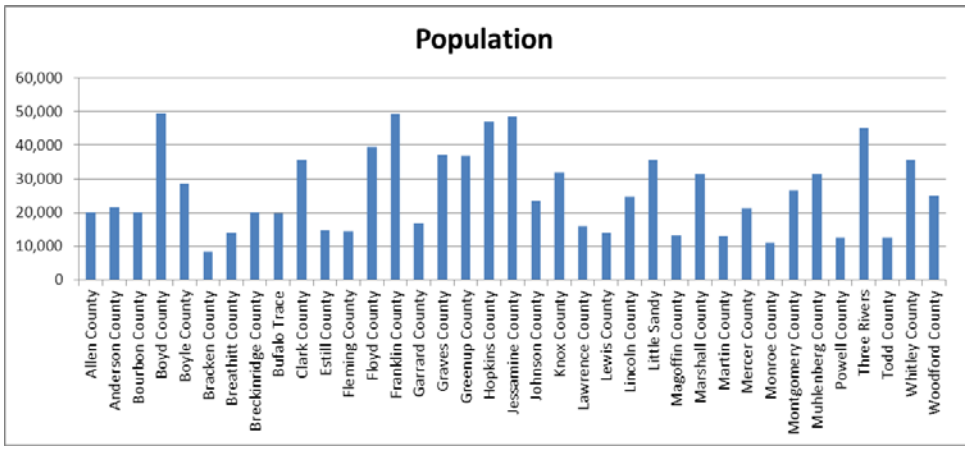
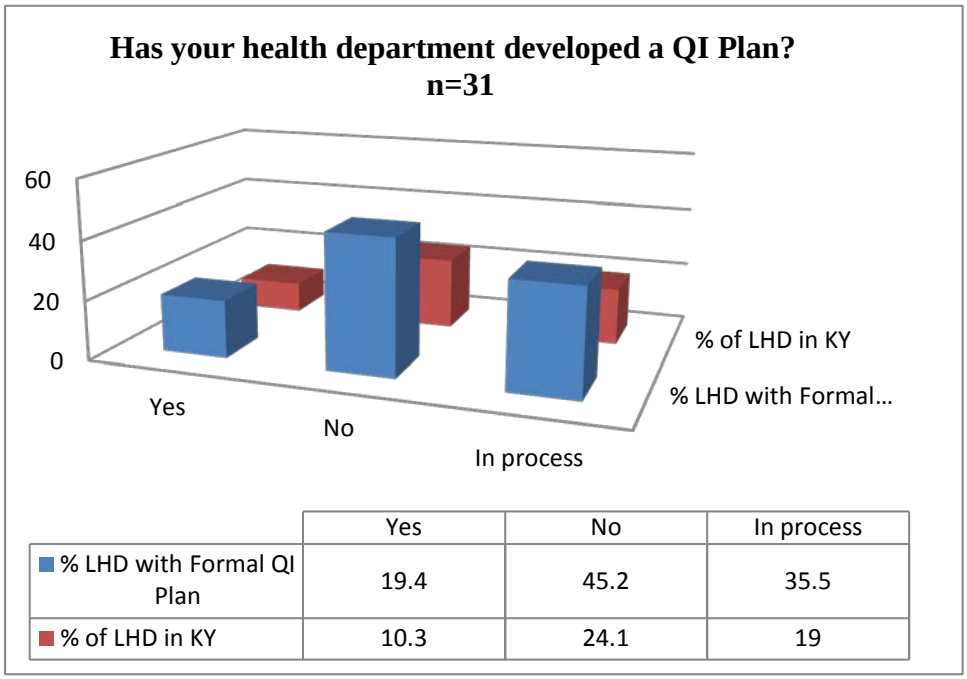


Chart 4: Local Health Department Population Served, Kentucky [5]

Having gathered valuable insight from the NACCHO profiles, we set out to identify additional information sources specifically addressing the assessment of quality improvement and accreditation as well as performance management initiatives in Kentucky.

The Accreditation Resource Inventory and Accreditation Coordinator Workgroup Survey, was conducted from December 2010 to January 2011 to assess progress on accreditation preparation and QI initiatives in Kentucky. Of those responding to survey, 19.4 percent had already developed a QI plan, 45.2 percent had not, and 35.5 percent were in the process of developing their agency's plan (Chart 5).



	Yes	No	In process
% LHD with Formal QI Plan	19.4	45.2	35.5
% of LHD in KY	10.3	24.1	19

Chart 5: Kentucky LHDs with a QI Plan [6]

The group was re-surveyed in October 2011, which revealed there was an increase by 7.9 percent in the agencies responding they had developed a QI plan as compared with the initial survey[6]. This increase correlates directly with the formation of The Accreditation Coordinators Workgroup which began meeting in early 2011, and as indicated by the majority of those respondents agreeing the formation of this workgroup affected their progress (Chart 6)[6].

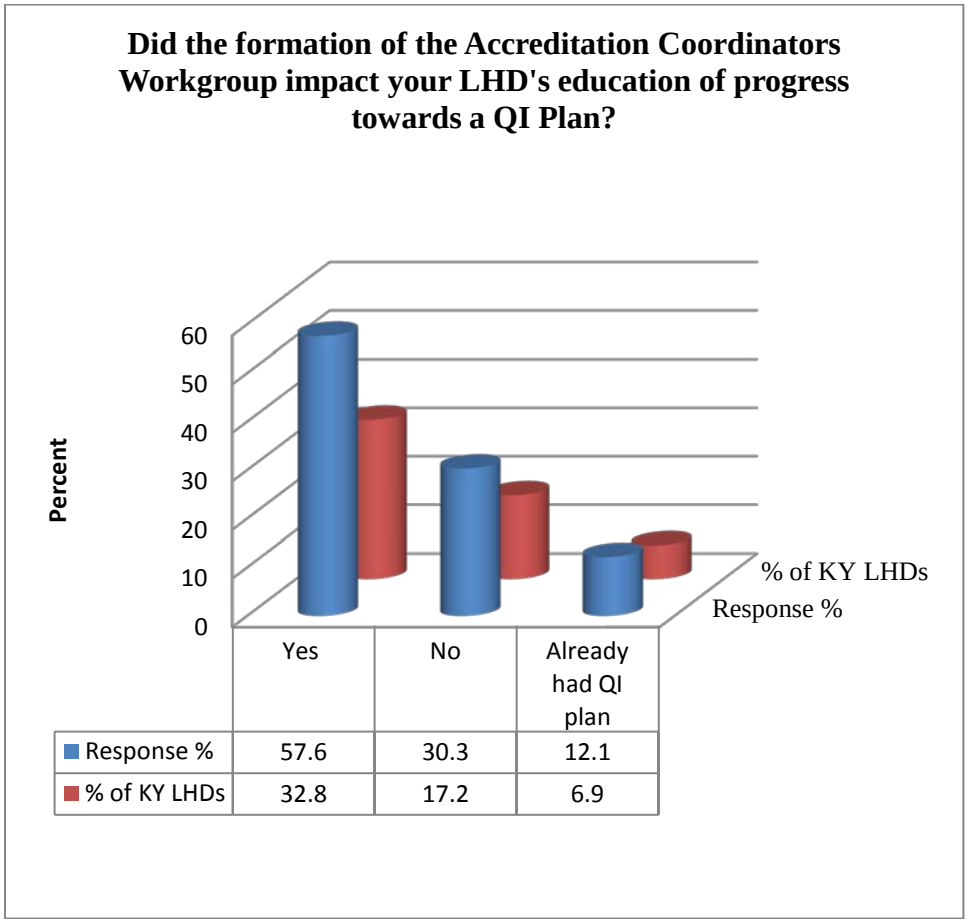
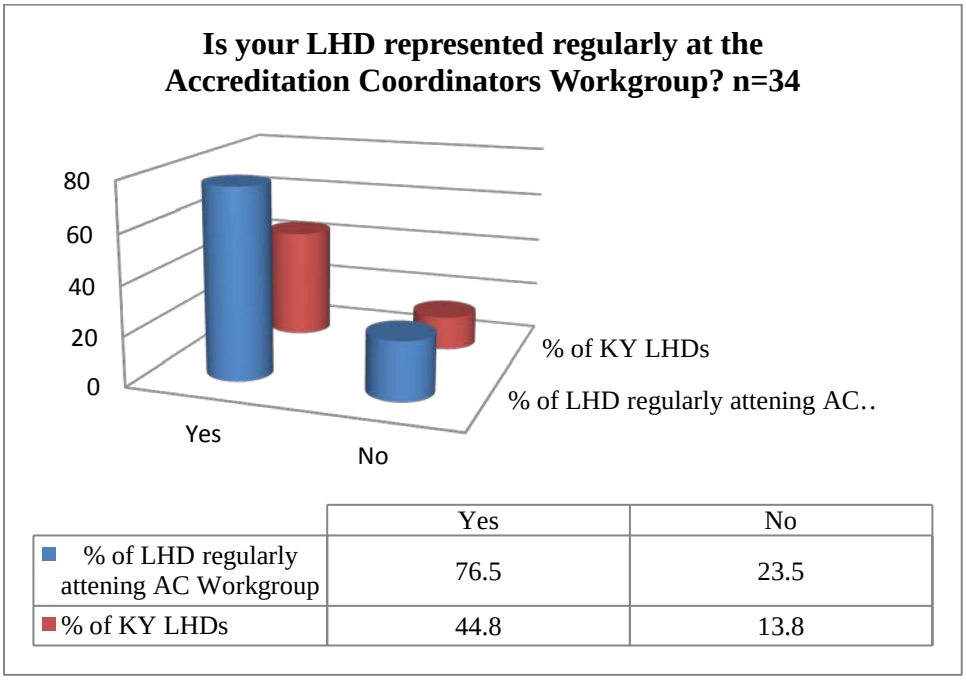


Chart 6: Impact of Accreditation Coordinators Workgroup [6]

The findings of this survey suggests that those LHD's not represented and/or not being an active participant in the workgroup, would benefit greatly by attending and participating (Chart 7)[6]. This workgroup may be the best vehicle for information dissemination, and building knowledge capacity regarding performance management and quality improvement.



	Yes	No
% of LHD regularly attening AC Workgroup	76.5	23.5
% of KY LHDs	44.8	13.8

Chart 7: Attendance at Accreditation Coordinators Workgroup [6]

In the fall of 2011, the Kentucky Center for Performance Management (CPM) hosted regional workshops for Directors and Accreditation Coordinators. The workshop focused on performance management and QI, and the training was provided by leading experts from the Public Health Foundation. The trainers evaluated the participants' ability with numerous QI tools prior to the start of the workshop. The average rating score was 2.28, indicating moderately low ability with QI tools. After completion of the 1.5 day workshop, participants' rating of ability increased to 4.46, indicating moderately high ability with QI tools. This was a 51.1 percent increase in knowledge and ability. The workshop used a combination of presenting theory with hands-on application of the tools. Each participant was able to work through a unique example from their health department with guidance provided by the trainers for real-life application.

This accelerated and focused workshop was able to give many Accreditation Coordinators and Directors the confidence and stimulus to start with small QI trainings or projects with their respective staff. Through our LADS survey, we discovered approximately 70 percent of those receiving training have taken the knowledge back to their staff and provided training on QI.

Increase in knowledge and confidence level with these QI tools: PDCA, flow-charting, cause and effect diagraming, root cause analysis, AIM statements, and solution and effect diagraming is clearly demonstrated as found in (Chart 8)[7].

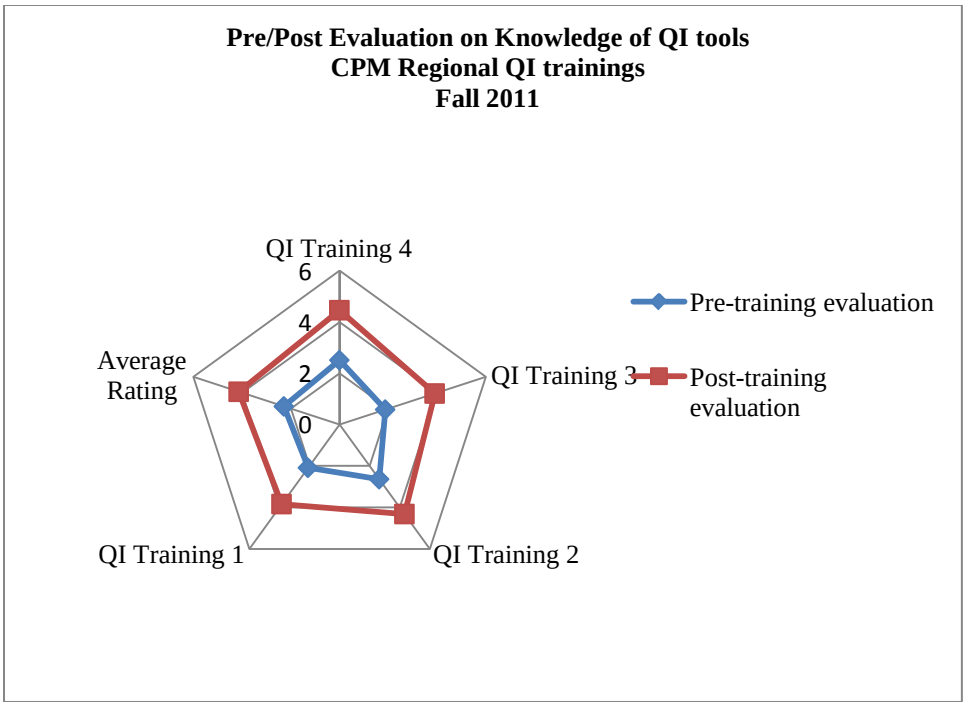


Chart 8: Knowledge of QI tools [7]

Pre/post evaluation ratings were on 1-5 scale. 1=low, 2=moderately low, 3=moderate, 4=moderately high, 5=high

The Accreditation Coordinators and Directors provided positive feedback on this workshop training style, with many respondents stating they would like to receive more QI workshops (Table 3)[7].

Comments from Directors and Accreditation Coordinators
• Thank you for offering this training and bringing in such high quality, knowledgeable experts to teach us in beginning QI at the local level. • This is so good for both presenters. I will definitely be utilizing these tools in my work and this made it much simpler for me. I will use them next week. Thanks so much. • Please consider routine updates @ least once per year. • I see this as an excellent tool for our health department. • Information was good but not presented in a clear way that a novice could tie each piece back to where it fits in in the PDCA process. Lots of statistical information – will any of us remember this? • Effort by CPM to provide this training is appreciated. I think we will need more. • Provided tools needed to address issues/problems of all sizes. Look forward to using skills learned here in many aspects of my day to day responsibilities. Many thanks! • Need a better transition between agenda items. More focus on purpose of QI in PH and on the tools. Activities were helpful • I still feel like I have a lot to learn to make sure I am doing it right. Many directors have used these tools before - Accreditation coordinators need more training. • Excellent introductory training – would like more hands on help implementing what we have learned. Thanks. • Thank you!! I really appreciated this. • Excellent training • Excellent training. Thank you for the opportunity to attend. • A lot to digest in 1.5 days. • This was the best training I have ever attended in a long time. I am very pleased that I know how to get started in QI. • Very beneficial and well presented. • Provide participant list • Would like to be invited in a year to present everyone's progress • Would like to see a completed flow chart summary matrix • Would like to see a Zoomerang demonstration • **Walk through the stat section w/an example w/real numbers**

Table 3: Regional QI Training Public Health Foundation [7]

From these surveys and analyses it is clear that Health Departments in Kentucky are in need of a solution to bridge the gap that currently exists between the expectation to use data and its actual use. The trainings conducted by the Center for Performance Management reveals there exists in Kentucky the necessary level of competence and desire needed to embrace the changing environment of Public Health.

Defining that change however, is not easily accomplished. It is a change that encompasses the way we approach our work, the way we think, the methods we use and

the weight we give the activities we perform. It is a change that will require a shift in how LHDs have operated[8].

Problem Statement:

Why is there a gap between growing expectation to use data and actual usage?

Behavior Over Time Graph:

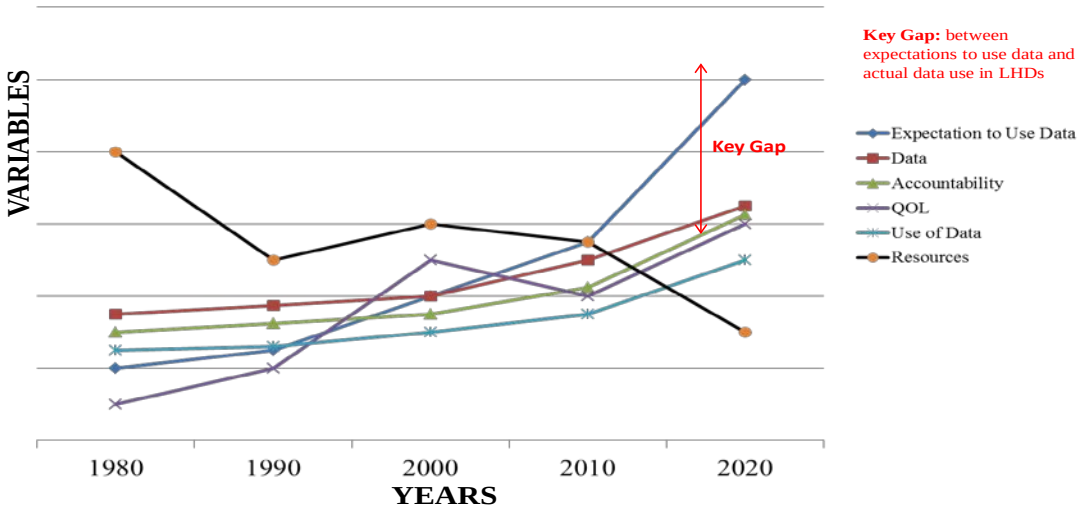


Figure 1 Graphical depiction of the gap between the expectation to use data, its use and the projected growth over the next 10 years.

Causal Loop Diagram:

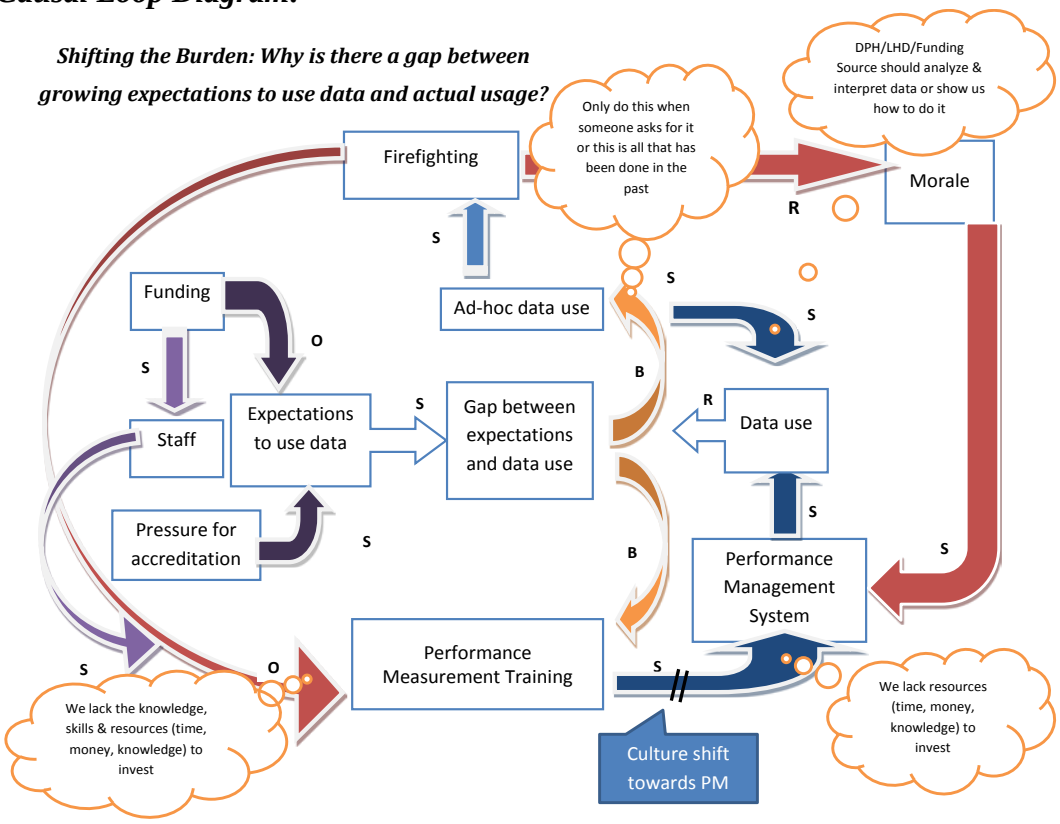


Figure 2 Causal Loop Diagram, depicting the need for a culture shift to implement the long term change toward Performance Management System.

10 Essential Public Health Services/National Goals Supported:

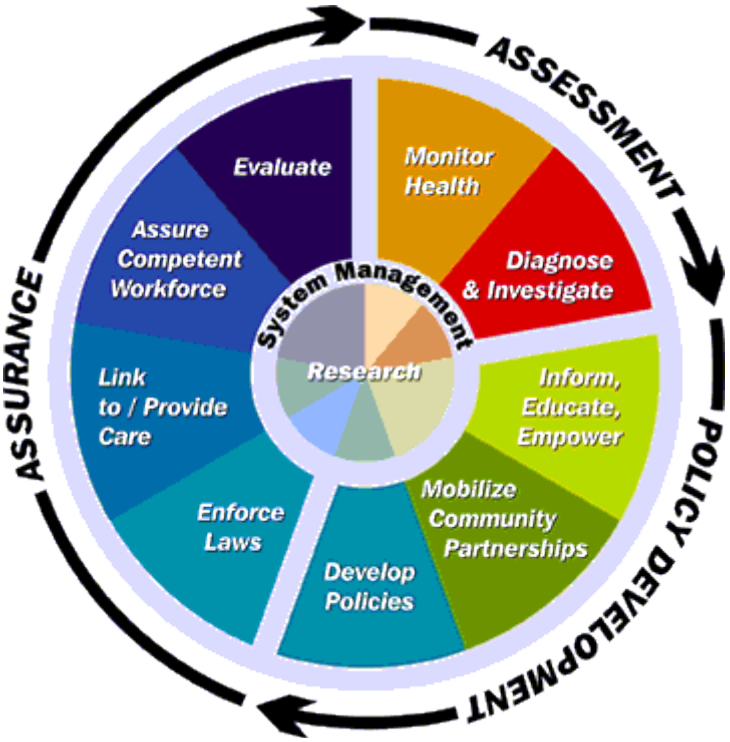


Figure 3: 10 Essential Public Health Services Diagram

Essential Service #8

The function of this service is to focus on the need for health departments to maintain a trained and competent workforce to perform public health duties. It is essential to have prepared, multi-disciplinary approach that is matched to the specific community being served. When addressing the population's public health issues, the manner in which services are provided to the public determines the effectiveness of those services. Training and development of health department staff is required to ensure a knowledgeable workforce in Public Health. The LADS group has assessed survey results from directors to see what needs LHDs have regarding accreditation preparation. Some responses included areas of workforce development, such as "training on how to facilitate staff trainings on accreditation" and "Domain by Domain training".

Essential Service #9

The function of this service is about the use of quality-improvement techniques to continuously improve the health department's practice, programs, and interventions to its jurisdiction. Assessment of how a health department's services are provided through examination of its processes, results and health outcomes will maximize scarce resources, while improving quality of life for the community. The LADS group has attempted to collect the most current data available on use of QI tools in local health departments, evaluation data on regional QI trainings in Kentucky, and evaluation data on the Accreditation Coordinators Workgroup. The compilation of this data was examined and

used to create another survey for directors of all Kentucky health departments. The survey focused on evaluation of current needs for health departments as it relates to QI and accreditation.

Healthy People 2020: Public Health Infrastructure (PHI)

PHI-14: Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards.

Baseline: 28% of local public health systems had ever submitted Local Public Health System Performance Assessment Data to the National Public Health Performance Standards Program in 2009.
Target: 50%

PHI-16: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process.

NACCHO data indicates only about 15% of local health departments in the U.S. have implemented an agency-wide QI plan. This is very similar to the 15.5% of Kentucky local health departments reporting a formal agency-wide plan.

PHI-17: (Developmental) Increase the proportion of Tribal, State, and local public health agencies that are accredited.

Currently there are no accredited public health agencies in the U.S. The first agencies going through the accreditation process will be notified in late 2012 of their status. At this time, four Kentucky local public health agencies are applying for accreditation during 2012. The LADS survey asked directors about their intentions to apply to PHAB and select a projected year for application. Knowing the projected timeline for Kentucky local public health agencies to apply for accreditation can aid state and academic training agencies in the planning of timely and appropriate trainings to assist in this process[9].

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

The objective of our project was to categorize issues contributing to the gap between the expectation to use data and its actual usage and identify a solution(s) to reduce the significance of the gap across Kentucky. Specifically,

1. Determine the percent of Kentucky local health departments planning to apply for accreditation within the next two years (2012-2013).
2. Determine the percent of Kentucky local health departments planning to apply for accreditation at some point in the future.
3. Identify barriers to accreditation preparation.
4. Identify strategies to assist those local health departments not currently participating in accreditation preparation.

5. Determine the number of formal trainings for performance management and/or quality improvement that either the LHD Director or Accreditation Coordinator has participated in.
6. Determine the percentage of LHDs that have begun disseminating performance management/QI information to their respective LHD staff.

METHODOLOGY:

We designed a survey questionnaire to be distributed electronically to all LHDs directors in Kentucky including local, independent, and district health departments. The survey instrument was distributed through an online survey and questionnaire tool, Qualtrics, to all 58 directors. The documentation of consent was obtained prior to starting the survey on the online tool and there was no incentive offered for participation in this data collection.

To design the survey instrument for this study, the LADS group reviewed the questions in the 2010 NACCHO Profile survey and questions from a Kentucky Accreditation Resources/Coordinator Workgroup survey done by Angie Carmen, a doctoral student from the University of Kentucky's College of Public Health, in 2010 and 2011. The questions in the survey did not relate to the director personally, but instead to the characteristics of the public health department, the jurisdiction served, and questions relating to national accreditation preparation. *See the appendix to view a copy of the questions asked in the survey.*

Key informant interviews were also held with staff representatives from the Kentucky and Appalachia Public Health Training Center, Kentucky Center for Performance Management and Foundation for Healthy Kentucky. These interviews were focused on the topics of performance management, QI and accreditation as relating to trainings, approaches, and future plans being developed to assist LHDs.

All current full-time and part-time public health directors serving the 58 local, independent, and district health departments were invited to participate in the LADS data collection. Currently, there are 22 male and 36 female directors. The vast majority of Kentucky directors are White/Caucasian (n=56). The survey was completed during February and March 2012.

RESULTS:

LADS Survey February 2012 – March 2012

Results showed that 92% of KY HD respondents plan to apply for accreditation at some point in the future while 35% plan to apply in the next two years (Chart 9).

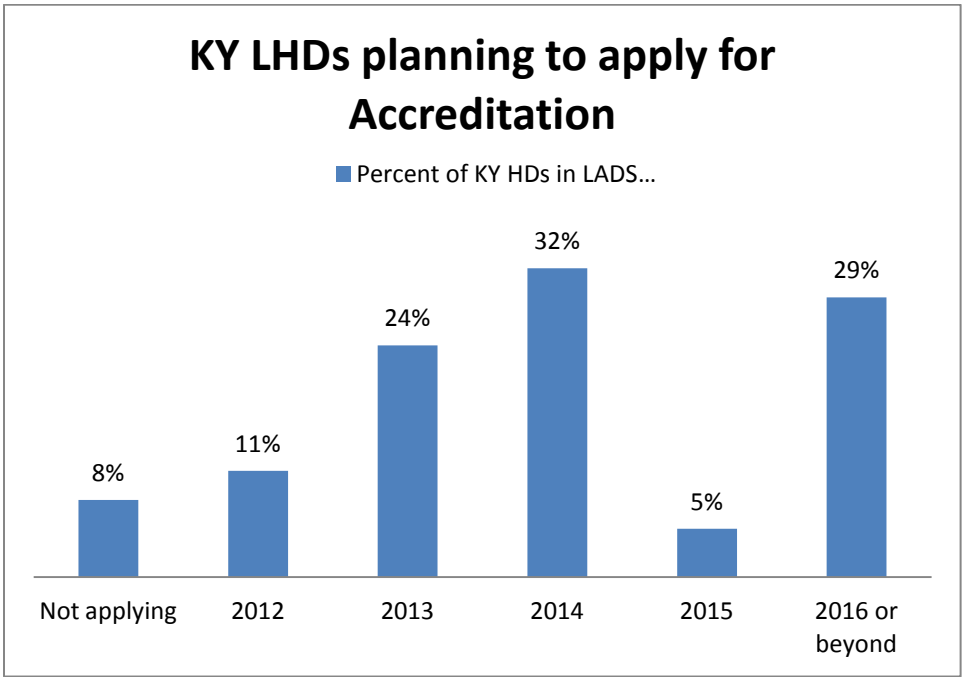


Chart 9: Health Departments in Kentucky planning to apply for accreditation in the next two years. (LADS Survey 2012)

Areas seen as the largest barriers to accreditation were Funding and Resources. Time was seen as a smaller factor affecting LHDs applying for accreditaiton. Another area that was low scoring was Low Priority meaning that directors did not see this as something unimportant although it is not yet requred (Chart10).

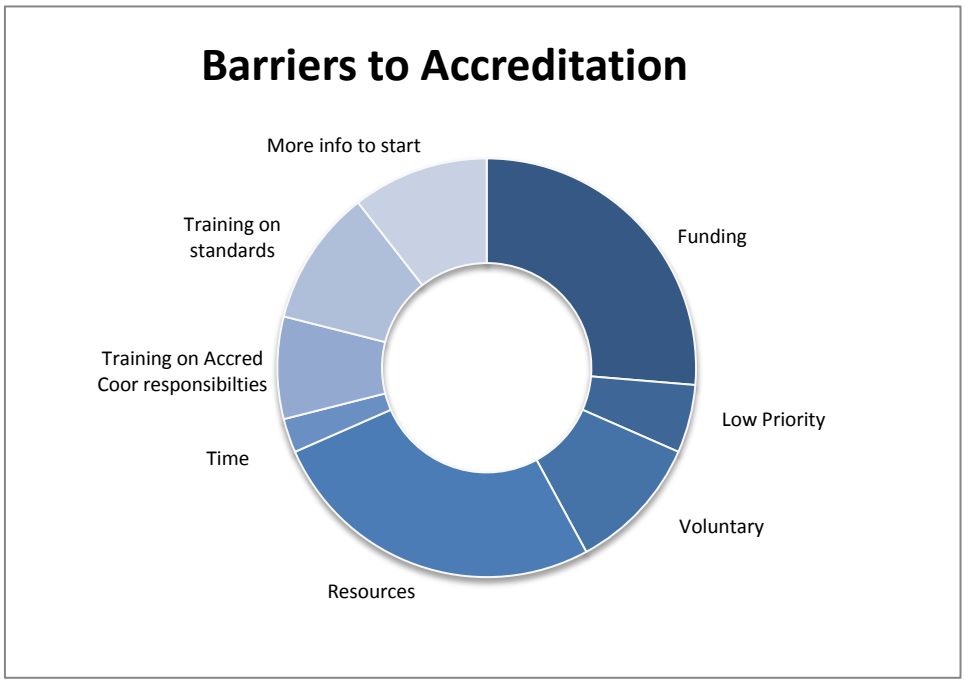


Chart 10: Barriers to Accreditation (LADS Survey 2012)

Chart 11 illustrates that a main factor for directors not appointing an accreditation coordinator at their departments was the same as why they were not going to apply for accreditation in general, lack of funding and resources available to appoint or hire coordinators. The lowest numbers of responses were again for low priority of appointing an accreditation coordinator and not having sufficient time to appoint an individual to the position.

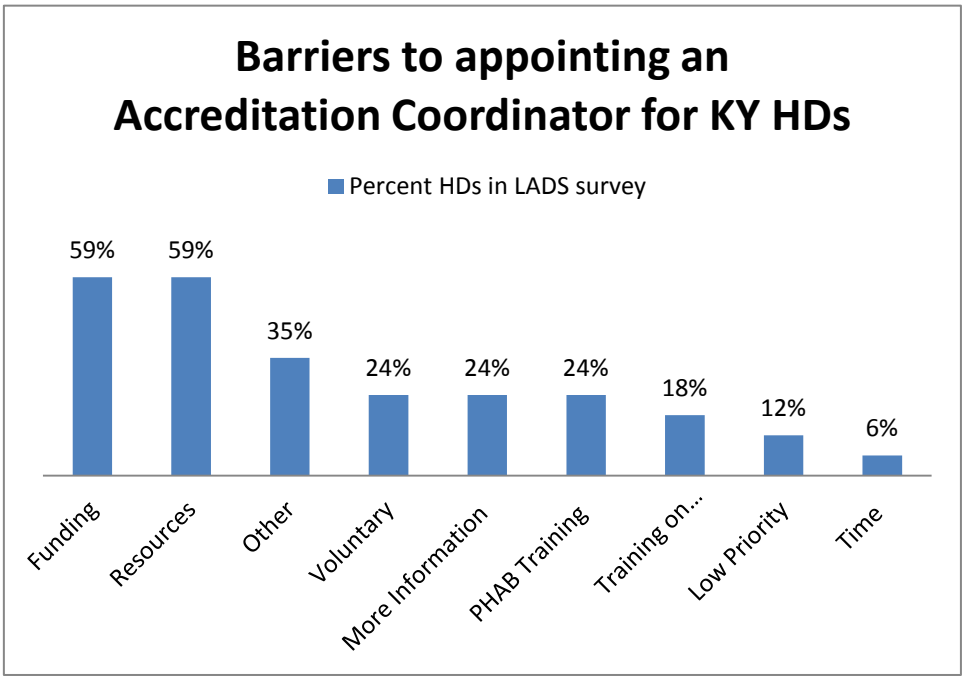


Chart 11: Barriers to Appointing an Accreditation Coordinator (LADS Survey 2012)

Respondents to the questionnaire indicated that their major need for assistance with the accreditation process was training on program evaluation (Chart 12). The next highest major needs indicated were a tie between the availability of a how-to manual regarding accreditation, being able to collaborate with CDP on data usage, and having the ability to collaborate with the KY Department for public health on conducting evaluations.

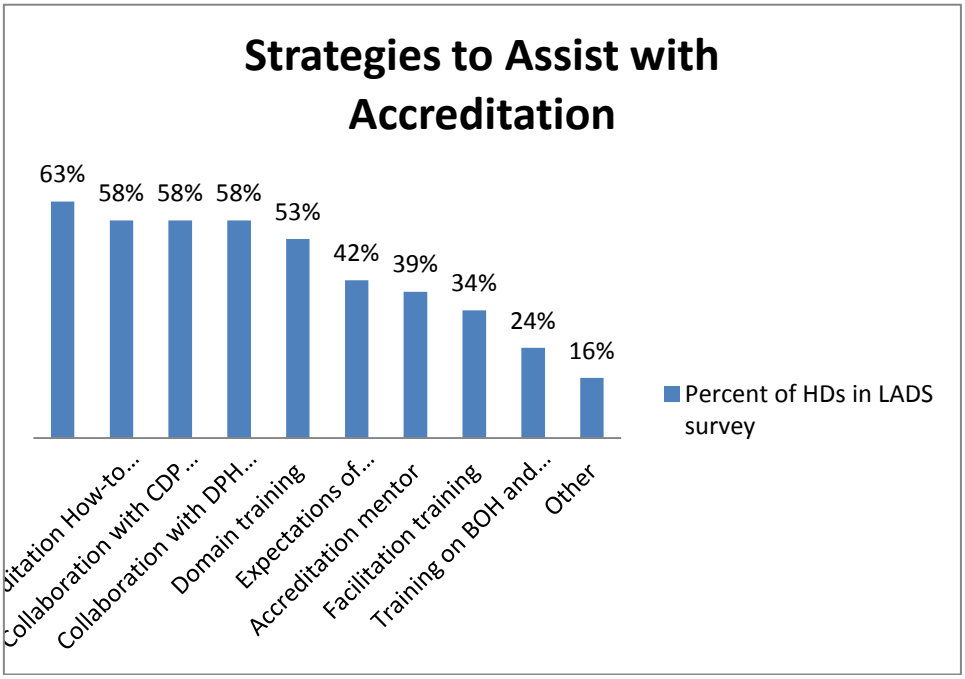


Chart 12: Strategies to assist Health Departments with Accreditation (LADS Survey 2012)

Chart 13 shows that the majority of respondents had department representatives participate in the Accreditation Coordinators Workgroup, the 2011 KHDA retreat training, and the Regional QI Training. Although more than half attended that training at the 2011 KHDA Retreat, there were still more than half of the respondents that have representation at the training.

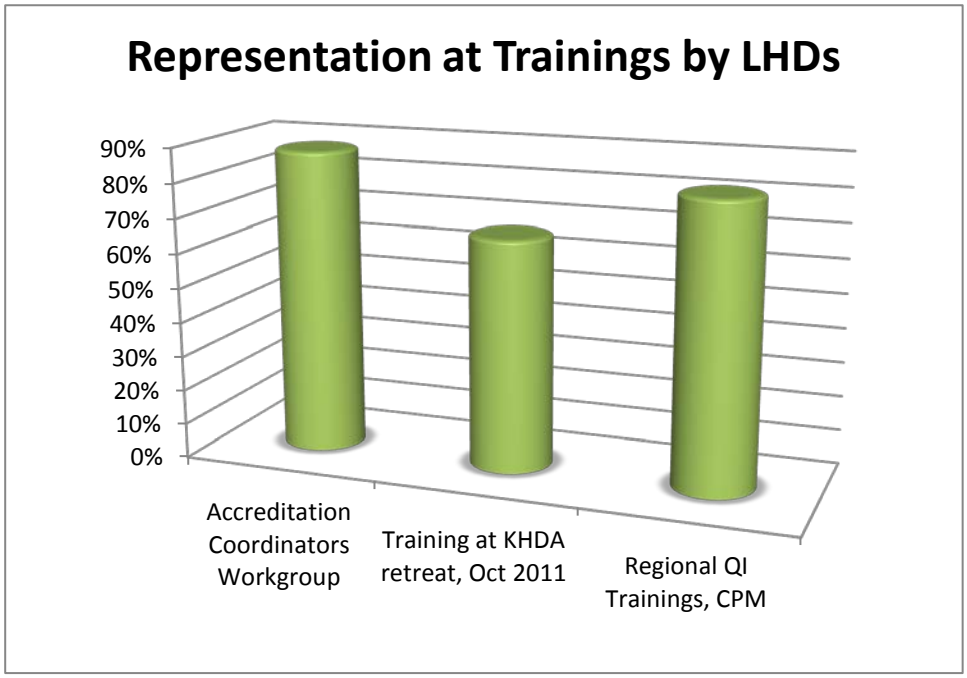


Chart 13: Health Departments having representation at trainings (LADS Survey 2012)

According to responses there were double the number of departments that have provided a Quality Improvement or Accreditation training to staff than there were that did not provide any training on the subject (Chart 14)

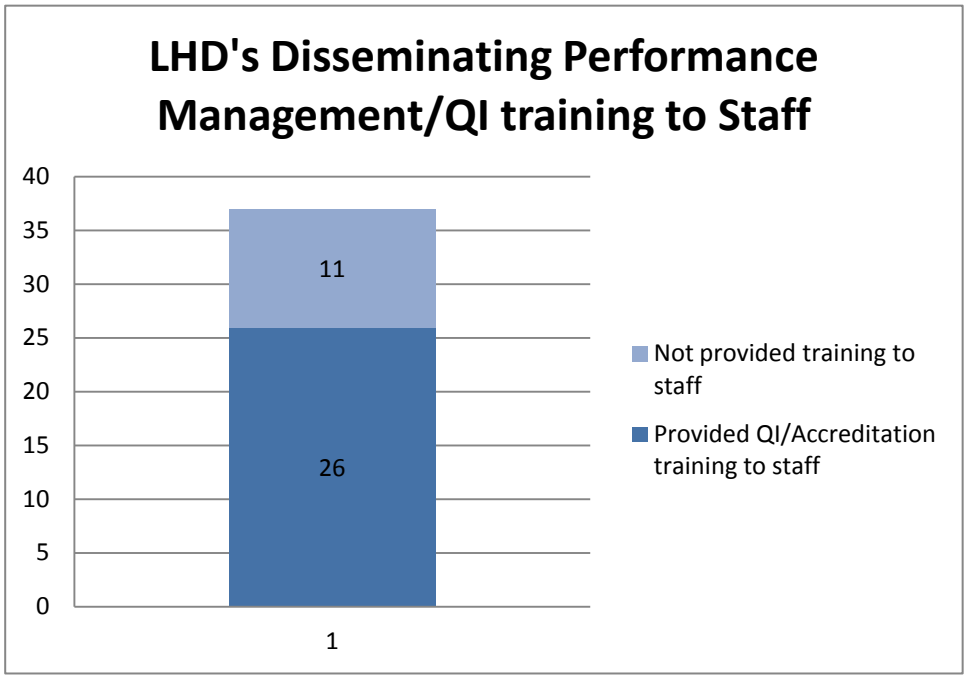


Chart 14: Health Departments relating lessons/tools learned in Performance Management/Quality Improvement Training with their local staff (LADS Survey 2012)

Key Informant Interview: KY and Appalachia Public Health Training Center (KAPHTC), Angie Carman, DrPH, Trainer/Facilitator (February 2012)

KAPHTC is designed to meet the training needs for Kentucky and Central Appalachia by improving access to education, trainings and services for the public health workforce. KAPHTC has access to all resources and trainings already developed in the U.S. through the National Public Health Training Center network. They are collaborating efforts with Kentucky's CPM to leverage assets and reduce duplication of services and trainings to LHD staff. Current plans include launching a state-wide public health workforce training needs assessment through TRAIN starting in April 2012.

KAPHTC will continue to maintain an active role in the Accreditation Coordinators Workgroup by identifying training needs for members and offering technical assistance. Trainings currently in development include increasing epidemiological knowledge for LHD staff and Home Health management training.

KAPHTC maintains relationships with Western Kentucky University, Eastern Kentucky University, Kentucky Public Health Association, Kentucky Health Departments Association and Kentucky CPM. The Training Center can provide training in cross-service areas and also offers tailored services, such as assisting with MAPP or community health assessments, on a fee-for-service basis. KAPHTC is one of 38 public health training centers in the country.

Key Informant Interview: Kentucky Center for Performance Management (CPM), Janie Cambron MPH, Performance Improvement Manager (March 2012)

CPM is working in collaboration with KAPHTC and UK to collaborate on training and technical assistance to LHDs. CPM is currently in the process of planning an online evaluation of the Regional QI Workshops that took place in the fall of 2011. Janie and her team would like to have the LADS survey questions and results to build upon for the CPM evaluation as there are areas from our survey which could be expanded upon by the CPM.

The Center is also working on ways to better utilize TRAIN by developing small, abbreviated versions of trainings and webinars on QI and performance management. One idea is to have the tools from the Regional Training(s) made available through TRAIN as a refresher course for Accreditation Coordinators prior to training their agency and/or for viewing by agency staff. Using TRAIN will enable to the CPM to better track the use of the materials and evaluate if they are making an impact to LHDs and reduce costs by expanding upon an already existing platform.

CPM has recently hired a Performance Improvement Specialist to be available for technical assistance to LHDs. The extent and scope of work for this Specialist is still being developed at this time.

Janie expressed the need for an online clearinghouse of performance management tools and documents. This coincides with the LADS survey results indicating 97 percent of Directors feel an online clearinghouse of examples of accreditation documentation and performance management and QI tools would be beneficial to their agency.

Janie acknowledges that "data" can be a scary word for people, but starting small with everyday functions can be a great starting place. Funds are decreasing, and with that trend there is an increased accountability and justification for the usage of those funds. CPM will continue to be an asset for LHDs by working with the other training centers in Kentucky to provide current and timely trainings for accreditation preparation and performance management.

Key Informant Interview: Foundation for a Healthy Kentucky (FHK), Sarah Walsh MPH, CHES, Senior Program Officer, Foundation for a Healthy Kentucky (March 2012)

FHK works with anyone seeking to improve the health of their community. For performance management and quality improvement, they offer an annual capacity building series for local coalitions. The "Health for a Change" series of workshops and webinars addresses topics from conducting a needs assessment, to planning a campaign, building a coalition, developing a business plan, and evaluating your work. They believe this coalition building work is particularly important for LHDs because while they are responsible for ensuring the 10 essential services exist.

In regard to accreditation, most of our efforts of FHK have related to the community assessment and health improvement planning requirements. FHK feels that their investments in making local data available, information on KentuckyHealthFacts.org in particular, has been a valuable service for communities trying to identify their local needs.

In the future, FHK says if there are aspects of the accreditation process they need to learn more about, they are open to pursuing a study. They also have a line of funding for conference support, if an organization wanted to pull together a professional meeting and bring in speakers to address accreditation issues, FHK can make investments of that nature. Lastly, they have added a webinar at the end of their "Health for a Change" series for a topic to be determined by the participants. If there is a training need in the state, they can try to find the appropriate expert to address it.

CONCLUSIONS:

The single most significant contributing factor of health department failure to utilize data exists as a result of operating in a system that lacks performance management models, and the incorporation of quality improvement in its daily operations. Further compounding that issue is health departments' lack of desire/capacity to pursue accreditation which in and of itself stimulates the use of such tools and/or management systems into daily operations.

Simply defined, Performance Management is a set of management and analytic processes ("think quality improvement") that enable an organization to manage its performance to achieve one or more pre-selected goals and includes three main activities. Selection of goals, consolidation of measurement information relevant to an organization's progress against these goals, and interventions made in light of this information with a view to improving future performance against these goals. In order for health departments to achieve functionality as defined by the Operational Definition of a Functional Local Health Department, they must migrate to an operating structure where Performance Management is an everyday way of life.

The Kentucky Administrative Reference (Vol. 1) recommends in the Accreditation and QA/QI section, that local health departments use the National Public Health Performance Standards Program (NPHPSP) to assist the health department in developing a QI plan[5]. The standards will help the health department in establishing performance expectations, benchmark data for evaluation of the delivery of the essential services, and areas for improvement within the agency and system. Additionally, it would be of value to learn the percent of Kentucky local health departments using the NPHPSP to evaluate delivery of services. Healthy People 2020 recommends "modeling and projection" as the target-setting method. Those staff with NPHPSP training and/or experience could be identified for the creation of regional trainings or in providing assistance to counties with no prior experience.

The LADS team also recommends continuing with regional trainings on performance management and QI to increase knowledge and encourage the spread of knowledge capacity to front-line staff in LHDs in Kentucky. This recommendation is supported by the increase in knowledge and ability with QI tools by Accreditation Coordinators and Directors at the first regional QI trainings held in fall 2011. Our LADS survey found that over half of Directors support regional training as a training outlet for performance management and QI. Regional training workshops allow professionals to work together and learn from each other, which is essential for the culture shift to performance management in Kentucky. These trainings also provide technical assistance and a peer group from which Accreditation Coordinators may seek guidance and resources for accreditation preparation. Given that many LHDs in the U.S. are using QI frameworks such as Balance Scorecard and Lean, it may be advantageous for Kentucky LHDs to receive additional trainings in these frameworks as well. Additionally, we recommend partnering with the Foundation for a Healthy Kentucky utilizing their funding stream for conference planning to maximize attendance and learning capacity.

Participation in the Accreditation Coordinators Workgroup is also vital for a cultural shift to performance management at the county level. The current workgroup has active members from agencies further along in the accreditation process and many in the early stages. There is something to be learned from all these members, such as best practices and lessons learned. Comments on the benefits of the workgroup were collected in the 2011 Workgroup Re-Survey and overwhelmingly found the workgroup to be a valuable asset for accreditation preparation in this state. Kentucky has become a model state across the nation on accreditation preparation and this workgroup is one of the main reasons. The LADS group recommends all counties be required to participate in this workgroup by designating a staff member to attend the monthly meetings, either in person or through ITV. Attendance at the workgroup meetings held in conjunction with other state-wide meetings should also be a priority for all LHDs. Perhaps the Center for Performance Management could work to identify some of those departments not yet involved and push those departments to become more engaged.

Although the findings indicate significant needs for health department for accreditation, we must not there was one major limitation to the survey. The limitation is in regards to the formatting of the questions. Some of the questions could have multiple interpretations that relied on the perspective of the respondent.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Maísah Edwards

In order for a machine to work properly all of its parts must be in good working order. Organizations are not always the most reliable or efficient machines as there are many road blocks to get around and hurdles to jump. KPHLI has made a difference in teaching leadership skills to overcome those obstacles that prevent public health from becoming that broken down machine and increase efficiency. The program has taken different avenues to teach scholars methods of becoming more effective leaders in order to build a more efficient public health workforce. I have learned methods to get by the things that prevent me from doing the best possible job through learning more about myself as a person and more about others. Knowing one's self and others allows one to know what skills and perspectives one can use to better manage and lead a diverse team. I plan on using the skills that I have learned to enhance my department and team through integrating the unique individual contributions of others in projects. Overall, I have grown to better appreciate the diversity in personalities among human beings and how each can serve a different role in the advancement and improvement of public health.

Jennifer Harris

My experience in KPHLI has allowed me to gain valuable insight through participation in the summits and activities outside of our regular meetings. I have been able to reflect on my skills as a leader in my health department and in my community. There is certainly much room to improve! I have also met many people who work in areas of public health that I might not have met if it were not for KPHLI. We have learned how to work together as a team, even when teammates have had differing personalities. I feel I can take my experiences from KPHLI and apply them to my everyday working and personal life to make myself a better and more efficient participant and leader in the activities in which I am engaging.

Elizabeth Willett

This past year in KPHLI has been very rewarding. As a new professional in public health, I had much to learn about public health leadership and my individual growth as a leader. KPHLI has awarded me the opportunity to learn and work with amazing professionals in this field. The growth and individual reflection I have experienced over the past year has been challenging at times, but overall one of the best personal development experiences in my life. I am using the results from the Emergenetics, EQ, and 360 evaluations to better understand how I think and better manage myself professionally and personally. Identifying areas of growth is important to me, and I have already begun to embrace these areas and make changes. Working with my KPHLI team and developing professional relationships that will extend beyond KPHLI has been another benefit of this past year. I have learned so much about public health in Kentucky and in general from my team members and the other scholars. This experience will last beyond graduation and continue to shape my professional career and personal life.

Rhea Michelle Wilburn

When we began this path a year ago, it seemed as though graduation was eons away; the next thing I knew, April 2012 was just a couple of weeks away and it was upon us. The program has been packed full of valuable tools and exercises where we learned principles and skills and were provided with an outlet for real-life application. The individual assessments conducted along with peer reviews have provided each of us with valuable insight as to our strengths and opportunities for improvement that will enable the ongoing continuous individual development for personal growth and improvement for years to come. The format of the program fostered the development of relationships with Public Health professionals across the state that will continue to be valuable resources for information sharing, coordination of broad geographic based activities and problem solving for the duration of each Scholar's career in Public Health. I have found the Kentucky Public Health Leadership Institute to be a rich and rewarding program full of personal insight, teamwork, and individual development and would recommend it to anyone desiring to develop a career in Public Health.

REFERENCES

1. National Association of County & City Health Officials. NACCHO 2010 National Profile of Local Health Departments [book online]. Washington, DC; 2011. http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web.pdf
2. National Association of County & City Health Officials. Operational Definition of a Functional Local Health Department [book online]. Washington, DC; 2005. http://www.naccho.org/topics/infrastructure/accreditation/upload/OperationalDefinitionBrochure-2.pdf Accessed March 7, 2012:6.
3. 2010 Profile of Kentucky [data on file]. Washington, DC: National Association of County & City Health Officials; 2011.
4. 2010 Profile Codebook [data on file]. Washington, DC: National Association of County & City Health Officials; 2011.
5. Kentucky Department for Public Health. Administrative Reference. Frankfort, KY; KY Depertment for Public Health; 2011.
6. Carmen,A. *Accreditation Coordinators Workgroup Resurvey*. Lexington, KY; University of Kentucky College of Public Health/Kentucky and Appalachia Public Health Training Center; 2011.
7. Moran, J. *KY Regional QI Training Pre/Post Evaluation Results*. Fankfort, KY;2011.
8. Definition of Business Performance Management page. Wikipedia. http://en.wikipedia.org/wiki/Business_performance_management. Accessed March 13,2012.
9. U.S. Department of Health and Human Services. Health People 2020 Topics and Objectives. Topics and Objectives Index: Healthy People web site. http://www.healthypeople.gov/2020/topicsobjectives2020/. Accessed March 5, 2012.

APPENDIX

2. Is your health department a/an:

#	Answer	Response	%
1	Local Health Department		
2	District Health Department		
3	Independent Health District		
	Total		

3. How many staff do you employ at your Health Department?

#	Answer	Response	%
1	1 to 20		
2	21 to 40		
3	41 to 60		
4	61 to 80		
5	81 to 100		
6	More than 100		
	Total		

4. What population does your Health Department serve?

#	Answer	Response	%
1	1-10,000		
2	10,001 – 20,000		
3	20,001 – 30,000		
4	30,001 – 40,000		
5	40,001 – 50,000		
6	50,001 – 60,000		
7	60,001 – 70,000		
8	70,001 – 80,000		
9	80,001 – 90,000		
10	90,001 – 100,000		

11	More than 100,000		
	Total		

5. Do you have an Accreditation Coordinator?

#	Answer	Response	%
1	Yes		
2	No		
	Total		

6. If yes, what percent of their time is spent on Accreditation responsibilities?

#	Answer	Response	%
1	25%		
2	50%		
3	75%		
4	100%		
	Total		

7. If no, check all that apply.

#	Answer	Response	%
1	I don't think it's important at this time.		
2	Not planning on applying till it's required by state or federal regulation		
3	Need more information to get started.		
4	Lack of funding		
5	Lack of resources		
6	Need more training on the PHAB standards and measures		
7	Too busy		
8	Need more training on the job		

	responsibilities of Accreditation Coordinator		
9	Other		

8. Do you plan to apply for Accreditation?

#	Answer	Response	%
1	Yes		
2	No		
	Total		

9. If no, check all that apply.

#	Answer	Response	%
1	I don't think it's important at this time.		
2	Not planning on applying till it's required by state or federal regulation		
3	Need more information to get started.		
4	Lack of funding		
5	Lack of resources		
6	Need more training on the PHAB standards and measures		
7	Too busy		
8	Other		

10. If yes, do you plan to apply for accreditation in

#	Answer	Response	%
1	2012		
2	2013		
3	2014		

4	2015		
5	2016 or beyond		
	Total		

11. How many of the following trainings has your Accreditation Coordinator or a representative from your health department attended?

#	Answer	Response	%
1	Accreditation Coordinators work group (after KHDA meetings)		
2	Training at KHDA retreat in October 2011		
3	Regional QI trainings hosted by the Center for Performance Management		

12. Have you or your Accreditation Coordinator taken information from these meetings and provided training to your local staff?

#	Answer	Response	%
1	Yes		
2	No		
	Total		

13. If yes, have you or your Accreditation Coordinator done any of the following trainings at your agency….

#	Answer	Response	%
1	Staff training on the 10 Essential Public Health Services		
2	Staff training on national accreditation and PHAB		
3	Staff training on quality improvement		
4	Staff training on quality improvement tools (e.g., PDCA, flow-charting, cause-		

	and effect diagrams, etc)		
5	Introduction to PHAB and national accreditation with your Board of Health		
6	Other, please explain		

14. Have you or any of your staff utilized the KHDA document resource library?

#	Answer	Response	%
1	Yes		
2	No		
	Total		

15. How beneficial do you feel an accreditation time line would be in guiding your health department through …..?

#	Answer	Response	%
1	Very beneficial		
2	Somewhat beneficial		
3	Not beneficial at all		
	Total		

16. Would an on-line clearinghouse of examples of accreditation documentation, performance management and…..

#	Answer	Response	%
1	Yes		
2	No		
3	Total		

17. What are you needs for accreditation preparation? (Please check all that apply)

#	Answer	Response	%
1	Domain by Domain training (similar to the regional QI trainings for Domain 9 provided by the Center for Performance Management)		

2	Training on how to facilitate staff trainings on accreditation		
3	An accreditation mentor		
4	How-to accreditation guide		
5	How to evaluate programs and services using data		
6	How to gain buy-in for accreditation from my Board of Health		
7	Collaboration with CDP on how to get data		
8	Collaboration with DPH on how to evaluate programs and services		
9	Detailed description of the expectations of an Accreditation Coordinator		

18. When offering trainings, what outlet would you prefer? Please check all that apply.

#	**Answer**	**Response**	**%**
1	Face to face		
2	ITV		
3	Regional trainings		
4	Webinar		
5	Conference calls		