Performance Improvement and Workforce Development

Resources for Public Health Practice

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Presentation Overview

• Introduction to the Public Health Foundation

• Why Now: Performance Improvement and Workforce Development?!?!

• Performance Management Framework

• Quality Improvement – Results that Matter
  – PHAB Domain 9
  – Resources and Tools

• Workforce Development – The Future of Public Health
  – PHAB Domain 8
  – Resources and Tools
PHF Mission

We improve the public’s health by strengthening the quality and performance of public health practice.

www.phf.org

Healthy Practices
Healthy People
Healthy Places
Public Health Foundation:
Helping Communities Achieve Better Results

- **Performance Management/Quality Improvement (PM/QI)**
  - Turning hard work into better results
  - Developing quality improvement tools
  - Helping people use PM/QI tools and methods
  - Expanding the evidence-base
  - Integrating science into practice

- **Workforce Development**
  - Fostering academic/practice linkages
  - Developing core competencies
  - Delivering, tracking, and evaluating training
  - Developing and tailoring training
Life Expectancy Drops for Some U.S. Women  
- April 22, 2008

Gap in Life Expectancy Widens for the Nation  
- March 23, 2008

U.S. Life Expectancy Lags Behind Other Countries  
- August 23, 2007

U.S. Slipping Down Life Expectancy Rankings  
- August 12, 2007

Healthcare Spending in U.S. Increased to $2.5 Trillion, Constituting 17.6 Percent of our GDP  
- August 1, 2011
Poll Question

What percentage of health care dollars is invested in public health?

A. 12 percent of the healthcare dollar
B. 8 percent of the healthcare dollar
C. 4 percent of the healthcare dollar
D. None of the above
Do we ACHIEVE desired RESULTS?
A few questions for you

• Are public health professionals working to improve the health of communities?

• Are public health professionals working really hard?

• Are we seeing the desired gains in health status in our communities?

• Are we doing the BEST we can with the limited resources we have?
Whassup?!?!?

“The definition of insanity is doing the same thing over and over and expecting different results.”

--- Rita Mae Brown
(Sudden Death)
• Increasing need to demonstrate high performance and accountability.

• Performance management is the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.

• In the case of public health, the ultimate purpose of these efforts is to improve the public’s health and make the community better to live in.
PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators and define measures
- Develop data systems
- Collect data

REPORTING OF PROGRESS
- Analyze data
- Feed data back to managers, staff, policy makers, constituents
- Develop a regular reporting cycle

QUALITY IMPROVEMENT PROCESS
- Use data for decisions to improve policies, programs and outcomes
- Manage changes
- Create a learning organization

Source: From Silos to Systems: Using Performance Management to Improve Public Health Systems
Prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003
Poll Question

When it comes to performance management, my organization does this the most:

A. Establishes performance standards
B. Selects performance measures
C. Reports on progress
D. Implements quality improvement processes
Poll Question

When it comes to performance management, my organization does this the least:

A. Establishes performance standards
B. Selects performance measures
C. Reports on progress
D. Implements quality improvement processes
Focusing on Quality Improvement

- Uses many tools
- Model often used in public health
Quality Improvement in Public Health?

• New ways to solve complex problems

• Getting the most value from out public health systems

• Show measurable results for what we do
Does QI Really Work in Public Health?

save lives, cut costs, and improve outcomes
Reducing Syphilis in Orange County, Florida

The causes of many public health problems may not be what you think.

“Could Syphilis Be Linked to Office Gossip?”
Syphilis Data Source: Florida Department of Health, STDMIS System. 2006 data for all four counties provided as of 10/13/2006.

*Peer county designation created by Community Health Status Indicators (CHSI) Project, HRSA, 2000, based on population density, size, and poverty levels. CHSI data notes are available at http://www.communityphind.net/CHSI-CompanionView.pdf.
QI – Yes it Works!!!

- Involved a diverse team
- Set measurable targets
- Explored underlying causes of problems
Diary of a Successful QI Team

- Mapped processes to identify improvement opportunities
- Focused on root causes, esp. staff turnover
- Brainstormed changes within their control or influence
- Kept action registers
- Tracked monthly data
Diary of a Successful QI Team

- Reviewed progress as a team
- Presented progress quarterly to colleagues and management
- Evaluated process
- Celebrated team success, with local health official recognition and certificates
QI – Yes it Works!

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QI – Yes it Works!

- Syphilis declined more than 25%
- Improved and controlled processes underpinning the team’s effectiveness
  - Achieved 100% conformance for field blood draw standards in two consecutive months
  - Increased and maintained a cluster index above the CDC standard (1.0) for four consecutive quarters
- Stopped DIS staff turnover (a root cause)
  - Achieved zero employee turnover in the first half of 2006 - 6 persons left the STD team in 2005
  - Achieved full staffing for first time in group memory
- Improved morale and teamwork
QI – Yes it Works! (Northern Kentucky Independent District Health Department – H1N1 Experience)

- Customer Satisfaction Surveys
- Flow Diagrams – Patient Flow
- Stop/Start/Continue Matrix
  - START: Restrooms at end of process
  - CONTINUE: To not ask the patient all the questions about the mist ("yes or no") if they know they want the shot.
“…the Northern Kentucky Health Department’s clinic at an Independence middle school was so much more efficient than the check-out line at Target…

….Next year, I’m getting flu shots for everyone on my Christmas list.”

Lucy May, Senior Staff Writer
*Business Courier of Cincinnati*
November 30, 2009
Quality Improvement:
Other Results that Matter

• **Franklin, Hocking, and Summit Counties, OH**
  – Increased childhood immunization rates by 24 percent

• **Tacoma-Pierce County, WA**
  – In three years, positive tests for chlamydia declined by 23 percent

• **Chronic Diseases – Childhood Asthma**
  – Improved processes and coordination of public health, primary care and schools
Performance Management and Quality Improvement:
Resources and Tools

- Public Health Memory Jogger II
- Public Health Quality Improvement Handbook
- Journal of Public Health Management and Practice
- Public Health Improvement Resource Center – search by PHAB domains, Essential Services, Performance Management Categories, Keywords
- Series of Topical Papers
- Case Studies
Performance Management and Quality Improvement Resources:


- Turning Point Performance Management resources - [http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx](http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx)


- QI Quick Guide and Tutorial - [http://www.phf.org/resourcestools/Pages/QI_Quick_Guide.aspx](http://www.phf.org/resourcestools/Pages/QI_Quick_Guide.aspx)
Modular kaizen: Dealing with Disruptions

Ron Bialek, Grace L. Duffy, and John W. Moran

www.phf.org/resourcetools/Pages/Modular_kaizen_Dealing_with_Disruptions.aspx
Additional PM/QI Resources

- Online training modules – childhood obesity, strategy mapping – Access through TRAIN (www.train.org)

- National Public Health Performance Standards Program (http://www.cdc.gov/nphpsp/)


- Workshops – ASQ, NALBOH, NACCHO, APHA

- PHF catalog of courses – training provided to over 100 state and local health departments
“Many achievements in reducing mortality and morbidity during the past century can be traced directly to public health initiatives. The extent to which we are able to make additional improvements in the health of the public depends, in large part, upon the quality and preparedness of the public health workforce…”

Workforce Development Resources

• Council on Linkages Between Academia and Public Health Practice
  – Core Competencies for Public Health Professionals
  – Academic Health Department Learning Community

• TRAIN

• Other Partner and Federal Resources
Council on Linkages Between Academia and Public Health Practice

• Improve public health practice, education, and research by:
  – Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
  – Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
  – Creating a process for continuing public health education throughout one’s career.

19 National Public Health Organizations:
• American College of Preventive Medicine
• American Public Health Association
• Association for Prevention Teaching and Research
• Association of Accredited Public Health Programs
• Association of Public Health Laboratories
• Association of Schools of Public Health
• Association of State and Territorial Health Officials
• Association of University Programs in Health Administration
• Centers for Disease Control and Prevention
• Community-Campus Partnerships for Health
• Health Resources and Services Administration
• National Association of County and City Health Officials
• National Association of Local Boards of Health
• National Environmental Health Association
• National Library of Medicine
• National Network of Public Health Institutes
• National Public Health Leadership Development Network
• Quad Council of Public Health Nursing Organizations
• Society for Public Health Education

Funded by CDC and HRSA
Staffed by PHF
Core Competencies for Public Health Professionals

- Purpose: to help strengthen public health workforce development
- Describes desired knowledge and skills for the practice of public health in different settings and sectors
- Original Core Competencies adopted in 2001
- Re-visit every 3 years – no changes in 2004
- Major revisions in 2007
  - September 11, 2001
  - New technologies
  - Aging workforce
- Widespread use
- Demonstrated benefits and validity
- Desire for greater clarity and measurability
Does Anyone Really Care?!?!

- **State Health Departments (SHDs)**
  - ASTHO reported in 2011 that more than 60 percent of SHDs are using the Core Competencies

- **Local Health Departments (LHDs)**
  - NACCHO’s 2010 profile study noted that nearly 30% of LHDs are using the Core Competencies

- **Academe**
  - Results of a 2006 Council on Linkages survey showed that over 90% of academic public health programs use the Core Competencies

- **Federal Agencies**
  - Centers for Disease Control and Prevention – developing discipline-specific competencies and guiding training
  - Health Resources and Services Administration – needs assessments and training programs offered by Public Health Training Centers

- **Learning Management Systems for Public Health**
The Core Competencies are Helping Organizations

• **Develop**
  - Job descriptions
  - Workforce competency assessments
  - Discipline-specific competencies
  - Training plans
  - Workforce development plans
  - Performance objectives
  - Continuing education programs

• **Conduct**
  - Curricula review and development
  - Performance reviews/evaluations
New Uses

- Accreditation
  - Core Competencies are incorporated into the Public Health Accreditation Board (PHAB) standards

- Healthy People 2020 Objectives
  - Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.

  - Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals (Developmental).

  - Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula.
Core Competencies Tools
Tool: Crosswalks

- Crosswalk of the Core Competencies with the 10 Essential Public Health Services
- Crosswalk of the revised, tiered Core Competencies with the original Core Competencies

<table>
<thead>
<tr>
<th>Analytic/Assessment Skills</th>
<th>ESSENTIAL PUBLIC HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A1. Identifies the health status of populations and their related determinants of health and illness</td>
<td>Monitor</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>1A2. Describes the characteristics of a population-based health problem</td>
<td>Monitor</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>1A3. Uses variables that measure public health conditions</td>
<td>Monitor</td>
</tr>
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<td></td>
<td>X</td>
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</tbody>
</table>
Tool: Job Descriptions

Sample job descriptions that incorporate the Core Competencies as key qualifications

**JOB DESCRIPTION**
**HEALTH COMMISSIONER**

**ROLE OVERVIEW:**
An appointed public official who serves as the Health Commissioner of the General Health District in Mahoning County. The Health Commissioner is responsible for public health issues and maintains public health outcomes.

**TASKS ASSOCIATED WITH FUNCTIONS, COMPETENCIES AND SKILLS**
- Assures that the Board of Health conducts organizational strategic planning and monitors progress toward strategic goals.
- Assures that the Board of Health participates in or leads ongoing community health assessment and planning.

**COMPETENCIES AND SKILLS:**
- The Health Commissioner possesses skill levels in these priority Core Competencies for Public Health Professionals appropriate for the senior management level:

**Analytical/Assessment Skills**
- Reviews health status assessments of populations and their related determinants of health conducted by the Board of Health and other organizations.
- Expands access to public health data and information for the Board of Health, staff, and public.
- Ensures the application of ethical principles in the collection, maintenance, use, and dissemination of data and information.
- Integrates the findings from quantitative and qualitative data into organizational operations.
Tool: Competencies Assessment

Tool to help assess gaps in skills and knowledge related to the Core Competencies and identify training needs

### Part 1. Analytic/Assessment Skills

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Aware</td>
</tr>
<tr>
<td>3</td>
<td>Knowledgeable</td>
</tr>
<tr>
<td>4</td>
<td>Proficient</td>
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</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am unaware, or have very little knowledge of the item</td>
</tr>
<tr>
<td>2</td>
<td>I have heard of it; limited knowledge and/or ability to apply the skill</td>
</tr>
<tr>
<td>3</td>
<td>I am comfortable with knowledge or ability to apply the skill</td>
</tr>
<tr>
<td>4</td>
<td>I am very comfortable, an expert; could teach this to others</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Question</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
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</table>

1. Identify the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, the quality, availability and use of health services)

2. Describe the characteristics of a population-based health problem (e.g. equity, social determinants, environment)
Tool: Examples that Demonstrate Attainment of Competence

Illustrations of how public health professionals can show competence in a specific area

<table>
<thead>
<tr>
<th>Policy Development/Program Planning Skills</th>
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</thead>
<tbody>
<tr>
<td>Tier 1</td>
</tr>
<tr>
<td>2A. Participates in program planning processes</td>
</tr>
</tbody>
</table>

- The public agency is required to participate in a community-wide safety initiative. The professional is asked to review the public health information, including background on the purpose and intent of the initiative, and prepare to represent the agency at initiative meetings.

- Upon receipt of the new legislative regulations requiring that all public health agency personnel receive training in emergency response competencies related to their position, the professional is asked to prepare a plan to implement the training agenda.

- After receiving preparedness training plans from throughout the public health agency, the professional is asked to adjust the work schedules across the agency's programs and negotiate with the central office for an extension of the time frame for completing the implementation of the required training.
Tool: Prioritization Matrix

Quality improvement tool to identify Core Competencies domains on which to focus attention and resources

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Analytic/A. Assessment</td>
<td>1/5</td>
<td>1/5</td>
<td>1</td>
<td>1/5</td>
<td>5</td>
<td>1/5</td>
<td>1/5</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2. Policy Development</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>10</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>3. Communication</td>
<td>5</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>1/5</td>
<td></td>
<td>47.2</td>
</tr>
<tr>
<td>4. Cultural Competency</td>
<td>1</td>
<td>1/5</td>
<td>1/10</td>
<td>1</td>
<td>1/5</td>
<td>10</td>
<td>1/5</td>
<td></td>
<td>11.9</td>
</tr>
<tr>
<td>5. Community Dimensions</td>
<td>5</td>
<td>1/5</td>
<td>1/10</td>
<td>5</td>
<td>10</td>
<td>1</td>
<td>1/5</td>
<td></td>
<td>20.7</td>
</tr>
<tr>
<td>6. Basic Sciences Skills</td>
<td>1/5</td>
<td>1/10</td>
<td>1/10</td>
<td>1/10</td>
<td>1/10</td>
<td>1/10</td>
<td>1/10</td>
<td></td>
<td>0.8</td>
</tr>
<tr>
<td>7. Financial P&amp;M</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>1/5</td>
<td></td>
<td>27.2</td>
</tr>
<tr>
<td>8. Leadership and Systems</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>31</td>
</tr>
</tbody>
</table>
• National community of public health professionals learning about developing, maintaining, and expanding AHDs
  – Practitioners, educators, and researchers
  – Nearly 100 professionals from 27 states, DC, and 5 national organizations

• Facilitates shared exploration of the AHD concept

• Encourages knowledge sharing and collaboration
Academic Health Department

• Affiliation of a health department and an academic health professions institution

• Public health’s version of the teaching hospital/medical school partnership

• Collaborative relationship to enhance public health education and training, research, and service

• Strengthens the linkages between academia and public health practice
AHD Learning Community Discussion

• Currently on the PHF Pulse Blog:
  – AHDs and the AHD Learning Community
  – Steps in AHD Development
  – Model AHD Health Officer Qualities
  – Translating Research into Practice

• Posts written by Learning Community members

• Add your comments online at http://www.phf.org/phfpulse
AHD Learning Community Profiles

- Personal profiles for AHD Learning Community members to share their experiences

- Available online
Council on Linkages Resources

• Core Competencies for Public Health Professionals
  – Competencies documents
  – Examples of uses and users
  – Tools
  • http://www.phf.org/programs/corecompetencies

• Academic Health Department Learning Community
  – Concept paper
  – Profiles
  – Bibliography
  – Blog discussions
  – Tools (future)
  – Join the AHD Learning Community
  • http://www.phf.org/programs/AHDLCC
Workforce Development Resources

TRAIN

- Build a system for public health
- Limit duplication
- Maximize sharing and learning

- Today
  - Nearly 500,000 registered learners
  - Over 12,000 courses
  - Over 3,100 providers of training
  - 22 states, MRC, and CDC

- www.train.org
Poll Question

I have used TRAIN

A. At least 5 times
B. 1 to 5 times
C. Only once
D. Never

How might your use of TRAIN be increased?
(Type your answer in the text chat box)
Other Workforce Development Resources

- CDC Learning Connection - [www.cdc.gov/learning/](http://www.cdc.gov/learning/)
- Partners in Information Access for the Public Health Workforce – [www.phppartners.org](http://www.phppartners.org)
- American Public Health Association – [www.apha.org](http://www.apha.org)
- National Association of County and City Health Officials – [www.naccho.org](http://www.naccho.org)
- National Network of Public Health Institutes – [www.nnphi.org](http://www.nnphi.org)
- Association of State and Territorial Health Officials – [www.astho.org](http://www.astho.org)
- Association of Public Health Laboratories - [www.aphl.org/training/Pages/default.aspx](http://www.aphl.org/training/Pages/default.aspx)
“When you come to a fork in the road, take it.”

—Yogi Berra
Thank You!!!