1. GETTING STARTED
During the last year, the BHCID completed reorganization of program areas. Goals of the reorganization included finding ways to increase efficiency and effectiveness in public health services delivery. Early on, an area identified as a gap was data management, especially as it supports strategic planning agency-wide. One step in this process has been to examine indicators tracked over time through use of the “Essential Services Annual Work Plan” (ESAWP). This document has been valuable for tracking various program data over the years, although there was never a standard set of criteria for use in establishing data. Effort was made to link indicators with essential services and public health standards, while simultaneously re-evaluating each indicator. Although the BHCID has established data collection and reporting systems, the current indicators have not been developed with any strategic focus and do not necessarily measure public health status. There is an opportunity to develop criteria for evaluating the value of data in order to track public health status.

Problem Statement: Indicators currently tracked do not measure public health status of the community.

2. ASSEMBLE THE TEAM
The team of five was selected to include a representative from each division’s management staff (3) and liaisons from program areas (2). The team consists of: Eileen Dalley, Div. Manager, Health Planning, Promotion & Development; Bruce Meislinger, Div. Manager, Enforcement, Surveillance & Preparedness; Rhonda Botlikie, Div. Manager, Schools, Outbreaks & Clinics; Lisa Swanson, Information Liaison, Enforcement, Surveillance & Preparedness; Mike Prudhoe, Program coordinator, Lead Poisoning Prevention Program.

The team developed a proposed approach to using a flowchart. The major change to the process is that each potential indicator is evaluated against a set of criteria. If the indicator meets all tests of the criteria, it may be considered as a measure of public health status. If the indicator does not meet the criteria, the data may still be important but will not be considered an indicator of public health status. The proposed flowchart diagram:

Proposed Approach Indicator Development

5. DEVELOP AN IMPROVEMENT THEORY
Theory: If a standard set of criteria is applied to evaluate potential indicators, then it will determine if it is a health status indicator. As new public health status indicators are selected, the proposed indicator must yield “yes” in response to each criteria. The criteria were designed to ensure that each indicator goes beyond the productivity statistics, is measurable over time and comparable with other counties.

6. TEST THE THEORY
The following are the criteria:
A. Is the indicator ‘health status’ or is it a productivity/process number?
B. Is the indicator a subset of another health status indicator?
C. Is the indicator meaningful over time?
D. Is it relevant beyond the agency?
E. Does the indicator capture a multitude of health dimensions?
F. Is the indicator potentially comparable with other counties?
G. Is the indicator valid?

The QI team was tasked with sharing potential indicators to test the new workflow and criteria.

7. STUDY
The newly developed health status criteria were tested against 19 proposed indicators. Control or run charts were not utilized during the study phase as there were not previously utilized during earlier stages of the quality improvement process. Refer to the grid, below, which illustrates application of the criteria with each proposed indicator. Eleven of the 15 met all criteria of evaluation. Two of the 15 were not feasible to measure at this point in time. One was determined to be a subset of a selected indicator and it was determined by the team to retain the more general indicator. One was determined to be a process indicator, with data collected unrelated to measuring ‘health status.’

The team gained confidence with the process as the criteria were consistently applied to several proposed indicators. Application of the criteria assisted the team in differentiating between health status, process and productivity data points. In situations where a proposed indicator may have been a subset of another health status indicator, the team discussed the value of being more specific versus general with the indicator selection. Since there had been no system of indicator selection in the past, the QI team achieved consensus regarding the selection process and resulting meaningful information about the health of the community.

8. ACT
Standardize the Improvement and Develop New Theory
The QI team will initially use the 13 selected indicators to measure health status in Black Hawk County. As indicated, other process and productivity indicators will continue to be collected and integrated with the Health Department’s, Essential Services Annual Work Plan (ESAWP).

9. ESTABLISH FUTURE PLANS
Education regarding application of established criteria to determine health status indicators will occur with management and field staff involved with data reporting. A systematic review of all current indicators will begin during FY08 to determine designation as a health status indicator; or process/productivity data point.