# Community Health Profile

## PLAN
Identify an Opportunity and Plan for Improvement

1. **Getting Started**
   In January 2009, an external site review was conducted to determine the Iowa Department of Public Health’s (IDPH) ability to meet the Iowa Public Health Standards. During this review, it was identified that a lack of data pertaining to health status and outcomes was an issue.

<table>
<thead>
<tr>
<th>Community Assessment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Criterion</td>
<td>16</td>
</tr>
<tr>
<td># Met (%)</td>
<td>10 (62.5%)</td>
</tr>
<tr>
<td># Not Met (%)</td>
<td>6 (37.5%)</td>
</tr>
</tbody>
</table>

The lack of available data also impacts the ability of local public health departments to obtain and analyze data.

2. **Assemble the Team**
   A core QI team was assembled consisting of the Modernization coordinator, MLC coordinator, IDPH planning coordinator, an epidemiologist from the bureau of health statistics, and a regional community health consultant.

3. **Examine the Current Approach**
   The core team met to discuss the Plan-Do-Study-Act process, set the aim statement for improvement, and identify solutions to the problem that would most likely result in improvement.

   The first exercise the core team completed was a flowcharting activity. This exercise helped paint the picture of the process for obtaining data at the state level and the provision of technical assistance to local public health partners regarding data.

   The team also completed a fishbone diagram to determine the root cause of the problem. This exercise illustrated that the main reason a community health profile was not being developed was that it was not previously considered a priority. In the past, the development of a health profile was considered to be a complex task. Lack of support by leadership (expressed or financial) also contributed to the perception that the development of health profiles was not a priority.

## DO
Test the Theory for Improvement

4. **Identify Potential Solutions**
   To address the issue, IDPH explored the use of community health profiles as a part of the IDPH Data Warehouse Project. This incorporation of a health profile into the data warehouse would provide a mechanism for the department to collect and compile data for health planning and monitoring. The development of a formal method for obtaining data would also assist IDPH in meeting national and state public health standards. However, the problem was not how the profile would be made available, but what should be included in the health profile. The QI core team brainstormed possible solutions and identified two potential solutions to address the problem:

   1. Develop the layout of a common profile
   2. Select indicators and identify data sets for where data can be obtained.

   Both solutions included receiving assistance from local public health agencies in developing the profile.

   Next, an aim statement for the QI project was developed. The aim statement was – Between April 1 and August 15, 2009, IDPH will develop a common community health profile layout and will select indicators to include in the profile; results of the QI project will be incorporated in the IDPH data warehouse.

5. **Develop an Improvement Theory**
   The team also agreed on an improvement theory. The theory stated that if a common community health profile is available to both state and local health departments, then fewer resources will be needed to collect data for planning, and monitoring improvement in health outcomes.

## ACT
Standardize the Improvement and Establish Future Plans

6. **Test the Theory**
   The core QI team met a number of times throughout the QI project period. Meetings included discussions about health indicators and possible data sources. The layout was also discussed at the QI team meetings. In addition to meeting as a state-level team, IDPH involved local public health agencies in the development of the common profile for the data warehouse. Six local health departments were charged with developing QI teams at their agencies, selecting indicators and demographic information that is needed for health planning, and developing the layout for the profile. In July 2009, the state and local mini-collaborative members met to share lessons learned and agency findings. During the meeting, the two groups discussed commonalities of the individual health profiles and developed a final draft profile. This profile included 31 health indicators and pertinent demographic information.

7. **Check the Results**
   A survey was distributed in January 2010 to obtain feedback from public health professionals about the content and layout of the health profile. Seventy (70) people responded to the survey. Eighty-eight percent (88%) of respondents felt the information in the profile would be helpful when assessing health status in their community; 86% of respondents felt the information in the profile would help them identify other areas/topics where information and additional data analysis is needed.

   **Input Data Will Help Determine Additional Data Needs**

   **Information is Helpful to Assess Health Status**

8. **Standardize the Improvement or Develop New Theory**
   Recommendations made by collaborative members and feedback from the survey were used to develop a final profile. A feasibility review was completed to identify those indicators that could not be included in the profile due to data warehouse limitations.

9. **Establish Future Plans**
   The profile will be incorporated into IDPH’s Data Warehouse. County-level data will be available when the Data Warehouse is launched in the summer of 2010.

Iowa Department of Public Health
Quality Improvement Storyboard