Public Health PBRN Monthly Virtual Meeting October 17, 2013

Research-in-Progress Presentation by New Jersey BRN

The New Jersey Local Health Report: Measure Development Support for the MPROVE Study

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Susan German, MPH, Rutgers New Jersey Medical School

Conference Phone: 877-394-0659

Conference Code: 7754838037#

Please remember to mute your computer speakers during the presentation



at the University of Kentucky College of Public Health



The New Jersey Local Health Report: Support for the MPROVE Study

New Jersey Public Health Practice-Based Research Network

Natalie Pawlenko, MSW, New Jersey Department of Health Susan German, MPH, Rutgers New Jersey Medical School







Today's Presentation

- The 2013 New Jersey Local Health Report (LHR)
- The Multi-Network Practice and Outcome Variation Examination (MPROVE) Study and relationship to the LHR

Why bother to measure anything?

"...In the past year, I have been struck by how important measurement is to improving the human condition. You can achieve incredible progress if you set a clear goal and find a measure that will drive progress toward that goal... This may seem basic, but it is amazing how often it is not done

and how hard it is to get it right..."

Bill Gates, WSJ, Sat/Sun Jan 26-27 2013

Why bother to measure anything?

- What gets measured gets done
- If you don't measure, you can't tell success from failure
- If you can see success, you can reward it
- If you can see success, you can learn from it
- If you can recognize failure, you can correct it
- If you can demonstrate results, you can win public support

<u>Re-Inventing Government</u>, Osborne and Gaebler, 1992

NEWJERSEY 2013 LOCAL HEALTH REPORT

The NJ Local Health Report: Where we're going & how we got here







How we got here: Driven by HO Needs and Recommendations

Project was user-driven from the beginning: System can and must work for LHD's

- 1. One-on-one in person interviews and phone surveys
- 2. Electronic Survey completed by 55 LHDs.
- 3. Pilot testing at three LHDs
- 4. Line-by-line pilot testing by HOs
- 5. Steering Committee Guidance Five In-Person and Web-based Meetings

Steering Committee Consensus: What the report should measure.

The purpose of the revised Local Health Report is to <u>document</u> and <u>quantify</u> (to the greatest extent <u>practical</u>):

- 1. the programs and services delivered directly, or through formal partners, by governmental local public health entities;
- 2. financial and personnel resources employed to deliver these programs and services; and
- the outcomes achieved_by these programs, services, and resources. (From beginning, the <u>toughest</u> to achieve by far!)

Steering Committee Consensus: What should be reported

- 1. It is one of the services most commonly provided by local health depts.
- It is a service that most health depts. are required to provide and/or report (by State, County, or Local law / regulation / policy)
- 3. Reduce hoc data requests from DOH and DEP
- 4. Info passes cost/benefit test: value of information outweighs time required to report.

NEWJERSEY 2013 LOCAL HEALTH REPORT

The 2013 Local Health Report: What's in it? How does LHD use it? What can it do for a LHD?







Meeting LHD Data & Reporting Needs

- Streamlining data management and reporting
 - Lighter burden by coordinating (and reducing) state data requests
 - Standardizing data formats & schedules
 - Fax, mail, email, passenger pigeon \rightarrow electronic
 - Auto-filling & pre-populating key fields
- Collecting data that is timely and local
- Generating easy-to-read reports on demand

What's in the Local Health Report?

Administration:

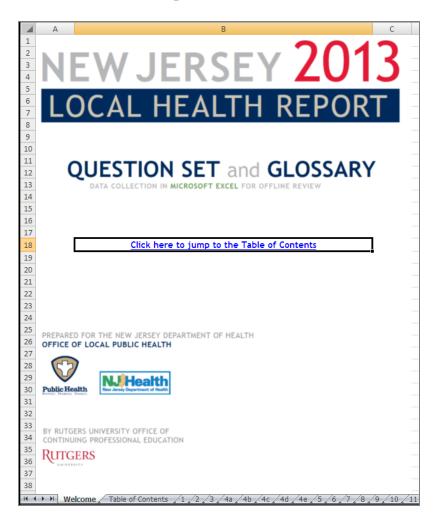
- Department Contact & Leadership Information
- Department Services & Service Area
- Annual Financial Summary
- Annual Staffing Summary

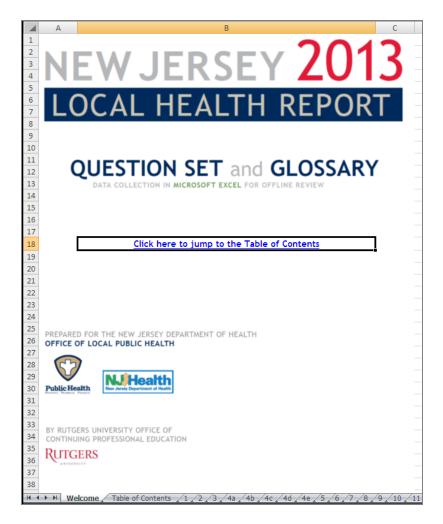
Services & Programs:

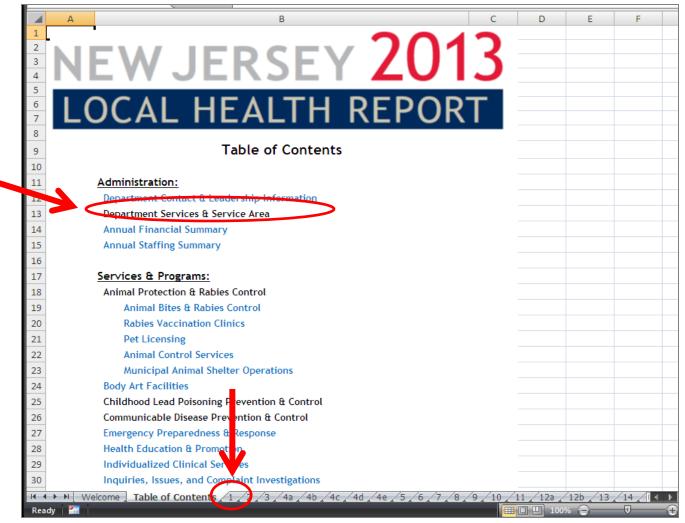
- Animal Protection & Rabies Control
- Body Art Facilities
- Emergency Preparedness & Response
- Health Education & Promotion
- Individualized Clinical Services
- Inquiries, Issues, and Complaint Investigations
- Kennels, Pet Shops, and Shelter/Pound Facilities
- Onsite Wastewater Disposal System Compliance
- Potable Wells & Drinking Water Compliance
- Proprietary Campgrounds
- Public Campgrounds
- Recreational Bathing Facilities
- Retail Food Establishment Safety
- School Immunization Record Audits
- Tanning Facilities
- Youth Camps

What is the 2013 Local Health Report?

- Jan. 2014: data for calendar year 2013 is submitted through ONLINE portal
- March 2013: preview copy of 2013 question set and glossary

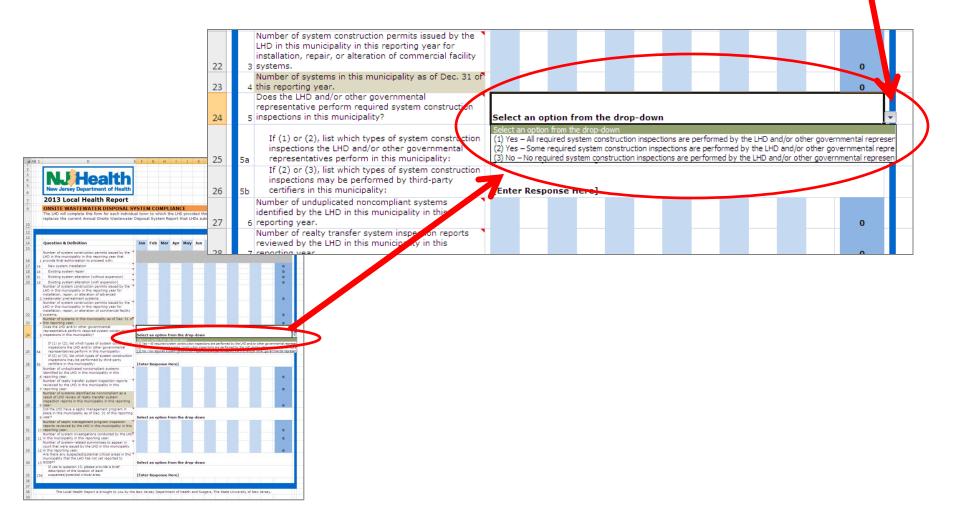


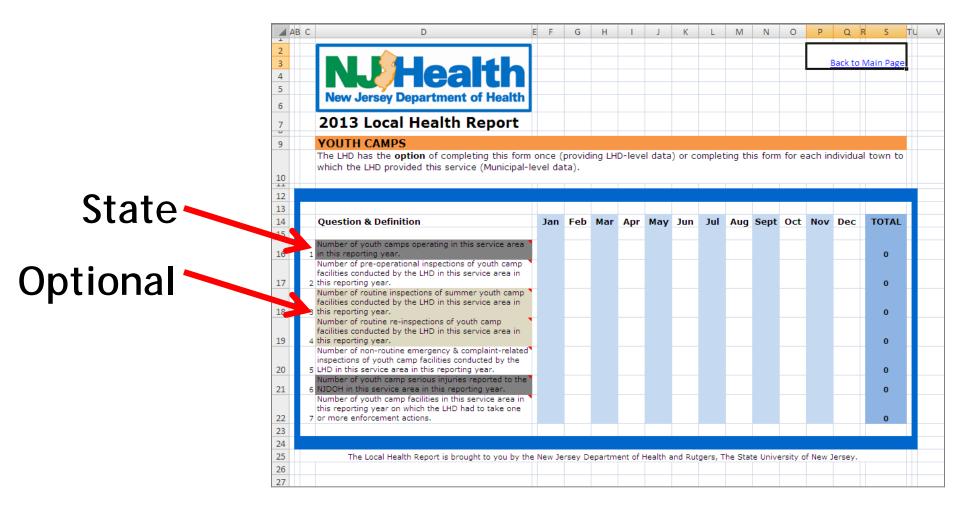


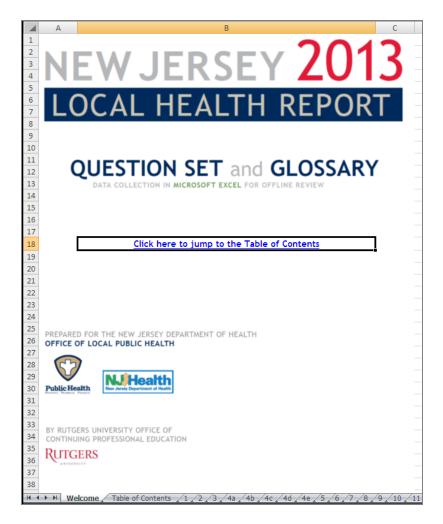


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Question & Definition	Jan Feb Mar Apr May Jun Jul Aug Sept	12 13			4	NL	9-1	eat	th						-	Back to M	lain Pag
Number of system construction permits issued by the * LHD in this municipality in this reporting year that		15	-	Feb Ma	6	New Jers	sey Depa	artment of	Health								
1 provide final authorization to proceed with: a New system installation		16 1	Number of licensed establishments of each type sperating in this service area in this reporting year: Permanent fixed Risk Level 1		7	2013 Lo	ocal H	ealth Re	port								
Existing system repair		1/ 18 18 1b	Permanent fixed Risk Level 2					NTACT ANI			NFORMA	TION				- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	
 Existing system alteration (without expansion) Existing system alteration (with expansion) 		19 1c	Permanent fixed Risk Level 3		10 T	he LHD will p	provide the	is data once (L	HD-level da	ita).							
Number of system construction permits issued by the LHD in this municipality in this reporting year for installation, repair, or alteration of advanced		20 1d 21 1e	Mobile Temporary Other (e.g., retail food establishments that conduct		12 13												
2 wastewater pretreatment systems. Number of system construction permits issued by the * LHD in this municipality in this reporting year for			ONLY specialized processes) number of specialized processes overseen by the LHD " In this service area in this reporting year.		15	uestion & I	Definition										
installation, repair, or alteration of commercial facility t systems.			sumber of retail food establishment plan reviews		second and a second second	D Name				a second second second second	sponse Here						
Number of systems in this municipality as of Dec. 31 of		24 3	onducted by the LHD in this service area in this eporting year.		the second se	ID Address	fil dillaran	t from above)		and the second second second	sponse Here sponse Here						
4 this reporting year. Does the UHD and/or other governmental			tumber of pre-operational retail food establishments			D phone	(n unteren	t num above)			sponse Here	-					
representative perform required system construction	Colored and another forms that down down	25 4	eporting year.			D email					sponse Here						
s inspections in this municipality?	Select an option from the drop-down		lumber of routine inspections conducted by the LHD in his service area in this reporting year at each of the			5 LHD fax					Response Here]						
If (1) or (2), list which types of system construction inspections the UHD and/or other governmental		26 51	ollowing types of retail food establishments:		N	ame of the ful	I-time health	h officer in charge	e of this	-							
representatives perform in this municipality:	[Enter Response Here]	27 5a	Permanent fixed Risk Level 1 Permanent fixed Risk Level 2		22 7 U		of the full-tin	me health officer	in charge	[Enter Re	sponse Here	1					
If (2) or (3), list which types of system construction inspections may be performed by third-party	and the second second	28 5b 29 5c	Permanent fixed Risk Level 2 Permanent fixed Risk Level 3		23 8 0	this LHD.		h officer in charge		[Enter Re	sponse Here	1					
Certifiers in this municipality: Number of unduplicated noncompliant systems	[Enter Response Here]	30 5d	Mobile		24 9 U	D.				[Enter Re	sponse Here	1					
identified by the LHD in this municipality in this 6 reporting year.		31 Se	Temporary Other (e.g., retail food establishments that conduct ONLY specialized processes)		25 10 ti	ew Jersey hea ne health offic	officer line of the second sec	icense number of je of this LHD.		[Enter Re	sponse Here	1					
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7 reporting year. Number of systems identified as noncompliant as a result of LHD review of realty transfer system		33 6	n this service area in this reporting year at each of the ollowing types of retail food establishment: Permanent fixed Risk Level 1		27 28	The Loc	al Health Re	eport is brought to	o you by the	New Jersey	Department of	of Health and	Rutgers, T	he State U	iversity of I	lew Jersey.	
inspection reports in this municipality in this reporting a year.		35 6b	Permanent fixed Risk Level 2 Permanent fixed Risk Level 3		29		_		0								
Did the D4D have a septic management program in place in this municipality as of Dec. 31 of this reporting 9 year?	Select an option from the drop-down	30 6c 37 6d	Mobile						0								
Number of septic management program inspection reports reviewed by the LHD in this municipality in this		38 6e 39 6/	Temporary Other (e.g., retail food establishments that conduct ONLY specialized processes)						0								
0 reporting year. Number of system investigations conducted by the LHD			iumber of non-routine emergency & complaint-related*														
1 in this municipality in this reporting year. Number of system-related summonses to appear in			conducted by the LHD in this service area in this eporting year:														
court that were issued by the LHD in this municipality . 12 in this reporting year.		41 7a	Non-routine investigations						0								
Are there any suspected/potential critical areas in this * municipality that the LHD has not yet reported to		42 7b	Non-routine inspections tumber of retail food establishments in this service						0								
3 NJDEP?	Select an option from the drop-down		irea in this reporting year on which the LHD had to						1.20								
If yes to question 13, please provide a brief description of the location of each 3a suspected/potential critical area.	[Enter Response Here]	44	ake one or more enforcement actions.						0								
		45 46	The Local Health Report is brought to you by the New Je	rsey Depart	ment of Health	and Rutgers, Ti	he State Uni	iversity of New Jen	sey.								
		47															

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7	2013 Local Health Report														
9	BODY ART FACILITIES														
10	The LHD has the option of completing this form on which the LHD provided this service (Municipal-le			ing LH	D-leve	el data) or c	omplet	ing th	is form	for e	ach in	dividua	al town to	
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.6	Number of licensed body art establishments operating 1 in this service area in this reporting year. Number of pre-operational inspections of body art	rting year.												0	
7	facilities conducted by the LHD in this service area in 2 this reporting year.	 "operating" = the facility was in operation for at least one day during the most recently completed licensing year. 												0	
8	Number of routine inspections of licensed body art facilities that were conducted by the LHD in this service 3 area in this reporting year.		-		, i									0	
	Number of routine re-inspections of licensed body art facilities that were conducted by the LHD in this service 4 area in this reporting year.									-				0	
	Number of non-routine emergency & complaint-related inspections of body art facilities that were conducted													, U	
	5 by the LHD in this service area in this reporting year. Number of unlicensed body art operations that were identified by the LHD in this service area in this 6 reporting year.													0	
	Number of body art related infections/injuries reported 7 to the LHD in this service area in this reporting.													0	
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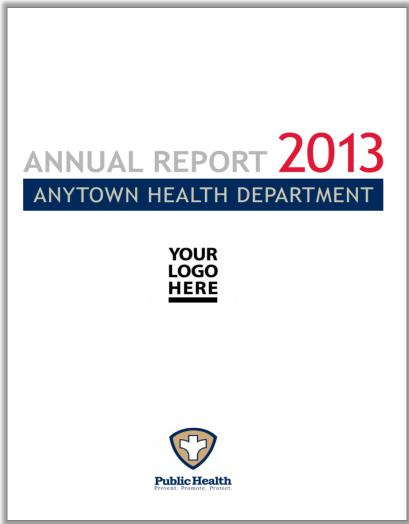






What's in LHR for a LHD: Improved Reporting

- Reports feature Public Health branding and graphics for a clear, consistent voice.
- Standardized formats allow:
 - LHD to create reports instantly & automatically
 - NJDOH to create statewide view of resources, capacity, activities, and results



What's in LHR for LHD: Customized Reporting

LHD DEPARTMENT NAME & YOU

IMPROVING OUR COMMUNITY TOGETHER!

[This section let's you highlight the most important good work, improvements, and key benefits that the health department and its staff delivered to the community this year] Lorem ipsum dolor sit amet, consectetur adipiscing elit. Integer ut odio quis elit viverra tristique. Pellentesque eleifend rutrum congue. Mauris tincidunt elementum faucibus. Integer in eros sed lectus auctor viverra at vestibulum diam. Phasellus mattis cursus nisi, eu bibendum tortor rutrum nec.

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PUBLIC HEALTH QUICK FACTS

- · Revenue brought in by LHD
- Budget
- Number of human resources FTEs
- Vaccinations
- · Clinic visits
- Inspections
- Facilities
- · Pets licensed
- · Outbreaks investigated & controlled
- Environmental health & safety issues investigated and resolved
- · Other stuff the LHD wants to highlight



PUBLIC HEALTH, PERSONAL STORIES

This section lets you highlight a specific, personal story about the health department helping an individual or group of local residents in need.

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ANYTOWN HEALTH DEPARTMENT 5

Customizable section: Program highlights

Customizable section: Personal stories

Customizable section: Program numbers you choose

MPROVE Study: Introduction

- MPROVE is organized through the Robert Wood Johnson Foundation-funded Public Health Practice-Based Research Network (PH PBRN) program.
- New Jersey PH PBRN is one of seven participating PH PBRNs in this descriptive study of geographic variation of public health service delivery.

MPROVE Study: Purpose

- The purpose of the MPROVE Study is to quantify and characterize geographic variation, within and across the seven participating PH PBRNs, of a set of public health services that are associated with population health.
- Study results will be useful for identifying opportunities to improve public health delivery.

MPROVE Study: Practice Settings

- Study practice settings consist of local governmental health agencies of the following seven PH PBRNs:
 - Colorado
 - Florida
 - Minnesota
 - New Jersey
 - North Carolina
 - Tennessee
 - Washington
- Approximate total of 349 local health agencies

MPROVE Study: Activity Timeline

- Phase I: May December 2012
 - Selection and specification of measures to collect
- Phase II: January October 2013
 - Data collection
 - Pooling data across networks
- Phase III: November -December 2013
 - Data analysis
 - Dissemination
 - Planning for future and follow-up studies

MPROVE Study: Measure Domains

- Three domains of public health service measures:
 - Chronic Disease Prevention
 - Communicable Disease Control
 - Environmental Health Protection

MPROVE Study: Measure Selection Criteria

- Selection Criteria for Candidate Measures (abridged list)
 - Domain: Chronic Disease, Communicable Disease, Environmental Health
 - Relevance/Control: Authority to implement?
 - Expected Health Impact: Degree of improvement in population health
 - Expected Variation
 - Feasibility: Feasibility of obtaining data
 - Expected Validity: Degree to which measure characterizes the public health activity of interest
 - Expected Reliability: Degree to which measure characterizes the public health activity consistently across different settings.

MPROVE Study: Measure Selection Process

- Selection Process of Measures
 - Initial submission of measures: Each participating PBRN submitted candidate measures resulting in 322 measures
 - Rating Survey: All 322 candidate measures were rated on a scale of 1 to 5 for each selection criterion by each PBRN via a web-based survey. Ratings were scored using a Delphi process.
 - In-person meeting in Denver: PBRN representatives reviewed Delphi ratings and selected a shortened list of 51 measures.
 - After a second rating survey on the shortened list of measures, the final set of 32 measures was selected.

MPROVE Study: Candidate Measure Submission

- New Jersey PBRN submitted 136 measures from the New Jersey LHR as candidate measures for MPROVE.
- As noted earlier, these measures, as part of the LHR development process, underwent:
 - Pilot testing for reliability and validity
 - Evaluation and guidance by steering committee

MPROVE Study: Final Measures

- In conclusion, we are proud to report:
- Fifteen of the 32 final MPROVE measures are taken from the New Jersey LHR:
- Partial list of these measures:
 - Oral health screening by agency (volume)
 - Childhood immunizations administered by agency (volume)
 - Foodborne/Waterborne reported cases (volume)
 - TB reported cases (volume)
 - TB active contact screening (volume)
 - TB directly-observed therapy rate (reach)
 - TB contact treatmet completion rate (reach)

Conclusion

• The 2013 New Jersey LHR was fundamental in serving as the foundational support for New Jersey's participation in, and contribution to the multi-state MPROVE Study.

Questions/Comments?

- Link to additional information and preview version of the 2013 NJ LHR:
 - <u>http://njlmn2.rutgers.edu/forum/new-local-health-</u> report-2013
- Our Contact Information:
- Natalie Pawlenko:
 - natalie.pawlenko@doh.state.nj.us
- Susan German
 - susan.german@rutgers.edu

Other Meeting Agenda Items

PBRN Research Updates

- MPROVE Projects Ended 10/14/13. Reports due 11/15/13
- DACS Projects Began 7/15/13

Dissemination Opportunities

- Frontiers
- Keeneland Conference and PBRN Grantee Meeting
- APHA Presentations- please let us know if you are presenting

(Social Hour: Monday, Nov 4, 5:00PM-locatin TBD)

Funding Opportunities

- Quick Strikes
- NIH calls for research projects examining violence



For more information contact: Glen Mays Glen.mays@uky.edu

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www.publichealthsystems.org

