New Jersey Public Health Practice-Based Research Network: MPROVE 69957

Product Type: Meeting and Conference Presentation

- **Presenters' Names and Affiliations**: Natalie Pawlenko, MSW, New Jersey Department of Health; Susan German, MPH, Rutgers New Jersey Medical School
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- Name of organization holding the meeting: Public Health Services and Systems Research and Practice-Based Research Networks National Coordinating Center
- Date and place of presentation: October 17, 2013, University of Kentucky, Lexington, Kentucky

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> <u>and 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
- 3. the **outcomes** achieved_by these programs, services, and resources. (From beginning, the **toughest 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.
- 2. 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:

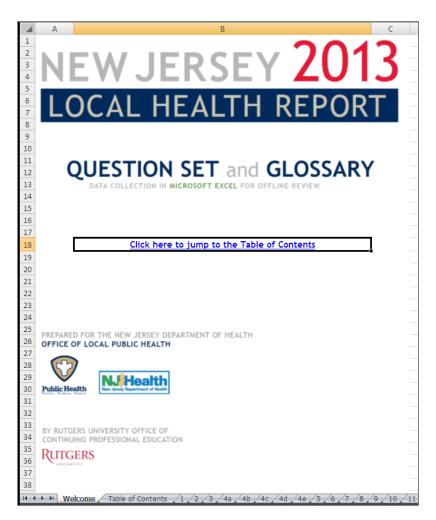
- Department Contact & Leadership Information
- Department Services & Service Area
- Annual Financial Summary
- Annual Staffing Summary

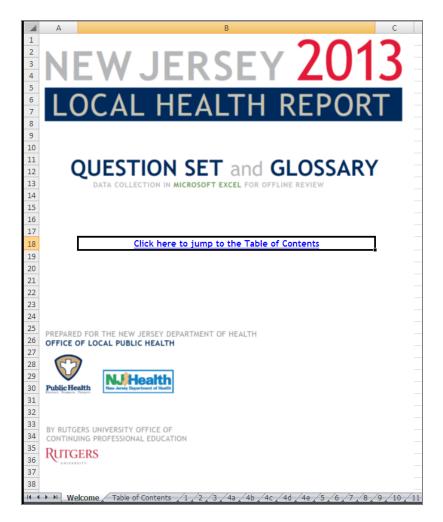
Services & Programs:

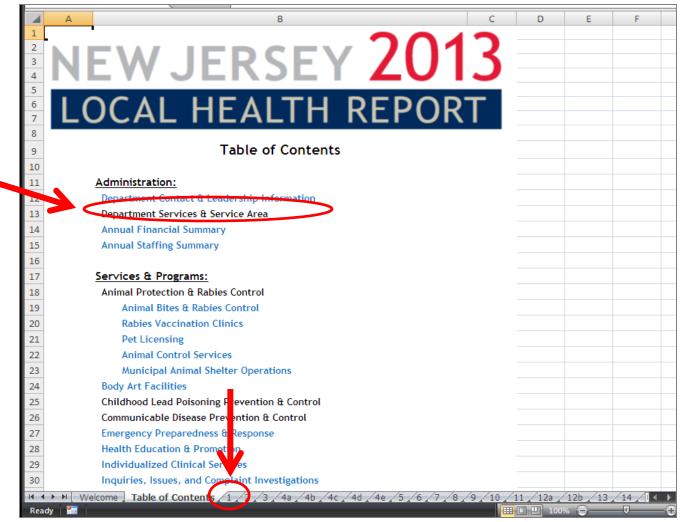
- Animal Protection & Rabies Control
- Body Art Facilities
- Emergency Preparedness & Response
- Health Education & Promotion
- Individualized Clinical Services
- Inquiries, Issues, and Complaint Investigations
- Kennels, Pet Shops, and Shelter/Pound Facilities
- Onsite Wastewater Disposal System Compliance
- 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

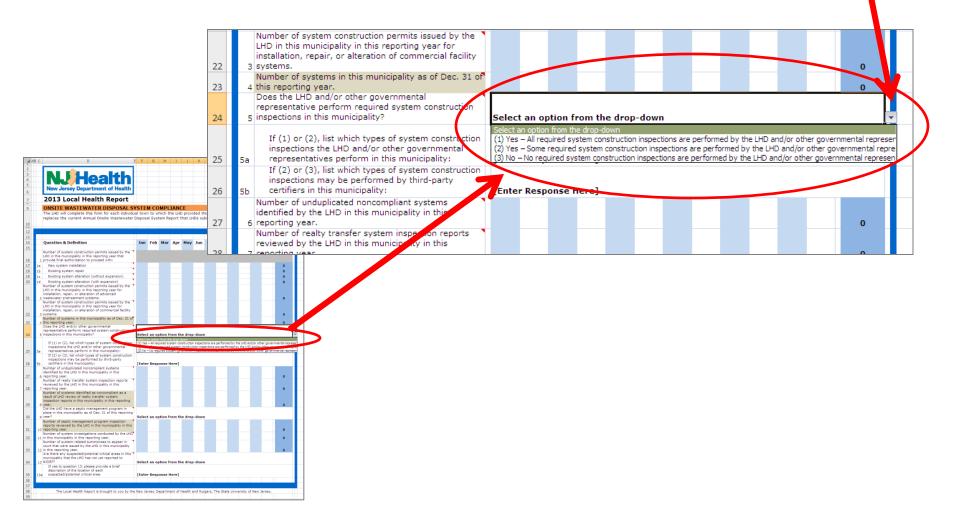


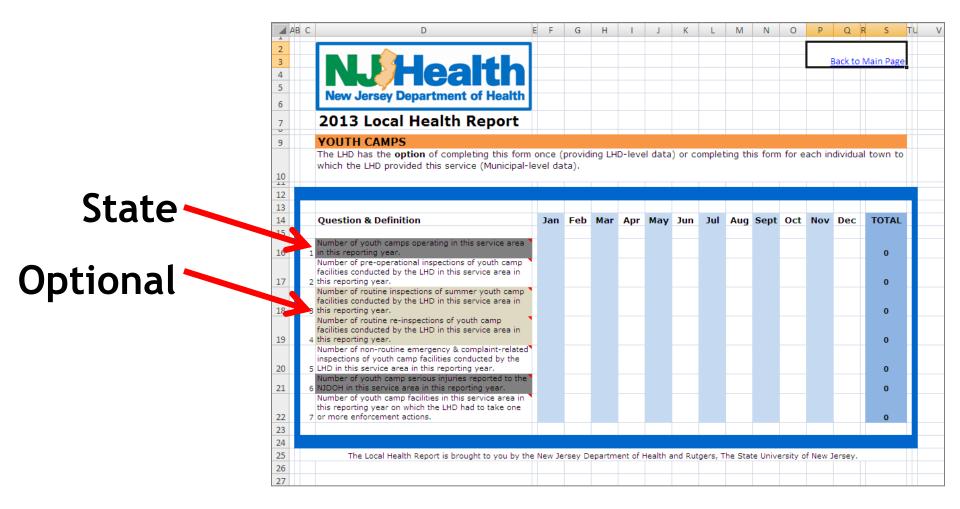


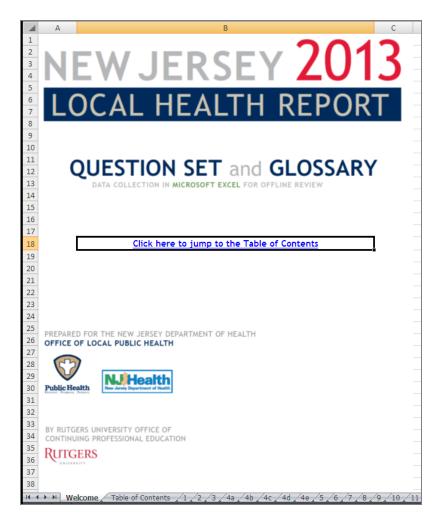


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New Jersey Department of Health		3	N. Health		Back to Main P.	age					
2013 Local Health Report		5	New Jersey Department of Health								
ONSITE WASTEWATER DISPOSAL SY	STEM COMPLIANCE	0	2012 Level Health Devent								
	al town to which the LHD provided this service (Mur	icip 7	2013 Local Health Report								
replaces the current Annual Onsite Wastewater I	Disposal System Report that LHDs submit to NJDEP.	9	RETAIL FOOD ESTABLISHMENT SAFETY		B C D	E F G					PQRS
		_	The LHD has the option of completing this form once (prov which the LHD provided this service (Municipal-level data).	riding LF 💻 A	вс	EFG	н і	JKI	. IVI	N U	P Q R S
		10	which die Erib provided dis service (Manicipal level data).	2							
		12		3	NJ Health						Back to Main Pag
Question & Definition	Jan Feb Mar Apr May Jun Jul Aug Se	pt 13		4	INCIGALLI						
Number of system construction permits issued by the		14	Question & Definition Jan Fe	b Mar ³	New Jersey Department of Health						
LHD in this municipality in this reporting year that provide final authorization to proceed with:		15	Number of licensed establishments of each type	6							
New system installation		16	1 operating in this service area in this reporting year:	7	2013 Local Health Report						
Existing system repair		17	La Permanent fixed Risk Level 1	0	DEPARTMENT CONTACT AND LEADE	DSHTD TH		N			
Existing system alteration (without expansion)			Lb Permanent fixed Risk Level 2	10	The LHD will provide this data once (LHD-level d		ORMATIC				
Existing system alteration (with expansion)		19 20	Lo Permanent fixed Risk Level 3	11							
Number of system construction permits issued by the LHD in this municipality in this reporting year for		20	La Mobile	12							
installation, repair, or alteration of advanced			Other (e.g., retail food establishments that conduct	13							
wastewater pretreatment systems. Number of system construction permits issued by the		22	If ONLY specialized processes) Number of specialized processes overseen by the LHD	14	Question & Definition						
LHD in this municipality in this reporting year for		23	2 in this service area in this reporting year.	15							
installation, repair, or alteration of commercial facility systems.			Number of retail food establishment plan reviews	16	1 LHD Name	[Enter Resp	-				
Number of systems in this municipality as of Dec. 31 of		24	3 reporting year.	17	2 LHD Address 3 Mailing Address (if different from above)	[Enter Resp					
this reporting year. Does the LHD and/or other governmental			Number of pre-operational retail food establishments	18	3 Mailing Address (if different from above) 4 LHD phone	[Enter Resp					
representative perform required system construction		25	inspected by the LHD in this service area in this 4 reporting year.	19	5 LHD phone						
inspections in this municipality?	Select an option from the drop-down		Number of routine inspections conducted by the LHD in	20	6 LHD fax	[Enter Resp					
If (1) or (2), list which types of system construction		26	this service area in this reporting year at each of the 5 following types of retail food establishments:	21	6 LHD Tax Name of the full-time health officer in charge of this	[Enter Resp	onse Herej				
inspections the LHD and/or other governmental representatives perform in this municipality:	(Foto Barrow Hand)		5a Permanent fixed Risk Level 1	22	7 LHD.	[Enter Resp	onse Here]				
representatives perform in this municipality: If (2) or (3), list which types of system construction	[Enter Response Here]	28	5b Permanent fixed Risk Level 2	23	Phone number of the full-time health officer in charge 8 of this LHD.	[Enter Resp					
inspections may be performed by third-party certifiers in this municipality:	[Enter Response Here]	29	c Permanent fixed Risk Level 3	23	Email of the full-time health officer in charge of this	[Enter Kesp	blise nerej				
Number of unduplicated noncompliant systems	[Enter Response Here]		5d Mobile	24	9 LHD.	[Enter Resp	onse Here]				
identified by the LHD in this municipality in this		31	Se Temporary Other (e.g., retail food establishments that conduct	25	New Jersey health officer license number of the full- in time health officer in charge of this LHD.	Enter Resp	anco Horol				
reporting year. Number of realty transfer system inspection reports		32	only specialized processes)	25	10 and head of officer in charge of this cho.	[Linter Kesp	blise herej				
reviewed by the LHD in this municipality in this			Number of routine re-inspections conducted by the LHD in this service area in this reporting year at each of the	20							1 11
reporting year. Number of systems identified as noncompliant as a		33	6 following types of retail food establishment:	28	The Local Health Report is brought to you by the	New Jersey De	anartment of He	alth and Rutger	The State	University of	New Jersey
result of LHD review of realty transfer system			5a Permanent fixed Risk Level 1	29		,,		gui	,		
inspection reports in this municipality in this reporting year.			5b Permanent fixed Risk Level 2								
Did the LHD have a septic management program in place in this municipality as of Dec. 31 of this reporting			C Permanent fixed Risk Level 3		0						
year?	Select an option from the drop-down		id Mobile Temporary		0						
Number of septic management program inspection			Other (e.g., retail food establishments that conduct								
reports reviewed by the LHD in this municipality in this reporting year.		39	only specialized processes) Number of non-routine emergency & complaint-related		0						
Number of system investigations conducted by the LHD			investigations/inspections of retail food establishments								
in this municipality in this reporting year. Number of system-related summonses to appear in		40	conducted by the LHD in this service area in this 7 reporting year:								
court that were issued by the LHD in this municipality		40	7a Non-routine investigations		0						
in this reporting year. Are there any suspected/potential critical areas in this		42	7b Non-routine inspections		0						
municipality that the LHD has not yet reported to	Colored and another forms the data datum		Number of retail food establishments in this service area in this reporting year on which the LHD had to								
If yes to question 13, please provide a brief	Select an option from the drop-down	43	8 take one or more enforcement actions.		0						
description of the location of each	(Sata Barran Harra)	44									
suspected/potential critical area.	[Enter Response Here]	45									
		46	The Local Health Deport is brought to you by the New Jersey	Department of	Health and Rutgers, The State University of New Jersey.						

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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	il town to	
12															
13															_
14 15	Question & Definition		Feb		· ·					•	Oct	Nov	Dec	TOTAL	_
16	Number of licensed body art establishments operating 1 in this service area in this reporting year.	 "licensed" = facility holds a currently-valid license to operate a body art establishment in this service area. The license is issued by the LHD or municipality in which the facility is located. "operating" = the facility was in operation for at least one day during the most recently completed licensing year. 												0	
.7	Number of pre-operational inspections of body art facilities conducted by the LHD in this service area in 2 this reporting 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.							,						0	
.9	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													Ŭ	
20	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	
2	Number of body art related infections/injuries reported 7 to the LHD in this service area in this reporting.													0	
23														Ŭ	
4															
.5	The Local Health Report is brought to you by the	New Je	ersey D	epartm	ent of	Health a	and Rut	gers, T	he Stat	e Unive	ersity o	f New J	ersey.		
26															

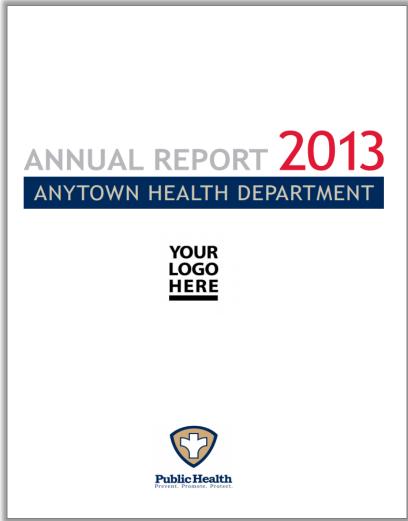






What's in LHR for a LHD: Improved Reporting

- 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



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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PUBLIC HEALTH, PERSONAL STORIES

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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-report-2013</u>
- Our Contact Information:
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- Susan German
 - susan.german@rutgers.edu