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

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

Name of the meeting/workshop: Public Health PBRN Monthly Virtual Meeting for October 17, 2013, Research-in-Progress presentation by New Jersey PBRN

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

Re-Inventing Government, Osborne and Gaebler, 1992
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 document and quantify (to the greatest extent practical):

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.
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 → 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
Navigating the Excel file
Navigating the Excel file

Table of Contents

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

Services & Programs:
- Animal Protection & Rabies Control
  - Animal Bites & Rabies Control
  - Rabies Vaccination Clinics
- Pet Licensing
- Animal Control Services
- Municipal Animal Shelter Operations
- Body Art Facilities
- Childhood Lead Poisoning Prevention & Control
- Communicable Disease Prevention & Control
- Emergency Preparedness & Response
- Health Education & Promotion
- Individualized Clinical Services
- Inquiries, Issues, and Complaint Investigations
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### 2013 Local Health Report

**BODY ART FACILITIES**

The LHD has the **option** of completing this form once (providing LHD-level data) or completing this form for each individual town to which the LHD provided this service (Municipal-level data).

<table>
<thead>
<tr>
<th>Question &amp; Definition</th>
<th>Jan</th>
<th>Feb</th>
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<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of licensed body art establishments operating in this service area in this reporting year.</td>
<td>0</td>
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<tr>
<td>Number of pre-operational inspections of body art facilities conducted by the LHD in this service area in this reporting year.</td>
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<tr>
<td>Number of routine inspections of licensed body art facilities that were conducted by the LHD in this service area in this reporting year.</td>
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<tr>
<td>Number of routine re-inspections of licensed body art facilities that were conducted by the LHD in this service area in this reporting year.</td>
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</tr>
<tr>
<td>Number of non-routine emergency &amp; complaint-related inspections of body art facilities that were conducted by the LHD in this service area in this reporting year.</td>
<td>0</td>
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<tr>
<td>Number of unlicensed body art operations that were identified by the LHD in this service area in this reporting year.</td>
<td>0</td>
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<tr>
<td>Number of body art related infections/injuries reported to the LHD in this service area in this reporting.</td>
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</table>

*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.
Navigating the Excel file

<table>
<thead>
<tr>
<th>Question &amp; Definition</th>
<th>Select an option from the drop-down</th>
<th>Enter Response Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of system construction permits issued by the LHD in this municipality in this reporting year for installation, repair, or alteration of commercial facility systems.</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
<tr>
<td>2. Number of systems in this municipality as of Dec. 31 of this reporting year.</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
<tr>
<td>3. Does the LHD and/or other governmental representative perform required system construction inspections in this municipality?</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
<tr>
<td>4. If (1) or (2), list which types of system construction inspections the LHD and/or other governmental representatives perform in this municipality:</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
<tr>
<td>5. If (2) or (3), list which types of system construction inspections may be performed by third-party certifiers in this municipality:</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
<tr>
<td>6. Number of unduplicated noncompliant systems identified by the LHD in this municipality in this reporting year.</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
<tr>
<td>7. Number of really transfer system inspection reports reviewed by the LHD in this municipality in this reporting year.</td>
<td>Select an option from the drop-down</td>
<td>Enter Response Here</td>
</tr>
</tbody>
</table>
Navigating the Excel file

**2013 Local Health Report**

**YOUTH CAMPS**

The LHD has the **option** of completing this form once (providing LHD-level data) or completing this form for each individual town to which the LHD provided this service (Municipal-level data).

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<th>Dec</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of youth camps operating in this service area in this reporting year</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Number of pre-operational inspections of youth camp facilities conducted by the LHD in this service area in this reporting year</td>
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<tr>
<td>Number of routine inspections of summer youth camp facilities conducted by the LHD in this service area in this reporting year</td>
<td>0</td>
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<tr>
<td>Number of routine re-inspections of youth camp facilities conducted by the LHD in this service area in this reporting year</td>
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<tr>
<td>Number of non-routine emergency &amp; complaint-related inspections of youth camp facilities conducted by the LHD in this service area in this reporting year</td>
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<tr>
<td>Number of youth camp serious injuries reported to the NDDOH in this service area in this reporting year</td>
<td>0</td>
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<tr>
<td>Number of youth camp facilities in this service area in this reporting year on which the LHD had to take one or more enforcement actions</td>
<td>0</td>
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</table>

The Local Health Report is brought to you by the New Jersey Department of Health and Rutgers, The State University of New Jersey.

State Optional
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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!

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
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 treatment 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:

• Our Contact Information:
  • Natalie Pawlenko:
    - [natalie.pawlenko@doh.state.nj.us](mailto:natalie.pawlenko@doh.state.nj.us)
  • Susan German
    - [susan.german@rutgers.edu](mailto:susan.german@rutgers.edu)