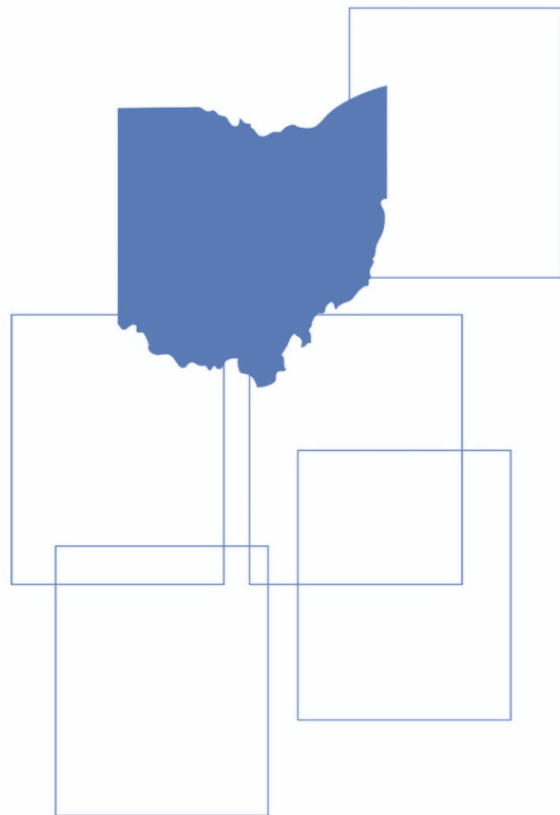


LOCAL HEALTH DEPARTMENT PROFILE AND ACCREDITATION READINESS PROJECT REPORT

OHIO HEALTH DEPARTMENT PROFILE AND PERFORMANCE
DATABASE ASSESSMENT REPORT

AUGUST 2017



**THE OHIO STATE
UNIVERSITY**

Center for Public Health Practice

Introduction

As part of the Local Health Department Accreditation Readiness Project (readiness project), the Center for Public Health Practice (CPHP) in the College of Public Health at the Ohio State University (OSU) was tasked with assessing the quality of the Ohio Health Department Profile and Performance Database (OPPD) and making recommendations to the Ohio Department of Health (ODH) on potential improvements to the system and alignment with assessment data. To this end, CPHP assessed the OPPD and generated a list of potential improvements that could be made to expand both the usefulness and the usability of the system. This report highlights the assessment process and recommendations suggested by CPHP.

Process

OPPD Assessment Timeline

	12/16	1/17	2/17	3/17	4/17	5/17	6/17	7/17
Key Informant Interviews								
Survey								
CPHP Analysis								
Conference Participant Feedback								
Meeting with 21C Group								
Reviewing Alternate Systems								

The assessment took place between December 2016 and July 2017. Methods for the assessment included:

- Conducting key informant interviews. Three key informant interviews with current and former commissioners of local health departments in Ohio were conducted to discuss their knowledge of and experience with the OPPD.
- Administering an online survey. Key information interview results were used to inform the questions included in an online survey administered to readiness project Advisory Group members who consistently utilize the OPPD.
- Analyzing CPHP use of the OPPD in relation to the readiness project deliverables. Throughout the ODHE project, OSU staff have had to access the OPPD. Issues encountered by staff were recorded. Staff also compared information available within OPPD to that obtained by the LHD Profile and Accreditation Readiness Survey.
- Gathering feedback from participants at an educational conference. Input was gathered from participants of a breakout session at the Ohio Public Health Combined Conference in May 2017. Session participants were asked, “*What changes can be made to OPPD to make it more useful for both the LHDs and ODH?*” The responses were recorded and themed by “areas for improvement”.
- Meeting with the Ohio Public Health Partnership’s (OPHP) Public Health in the 21st Century project (21C). OSU attended a meeting with the OPHP 21C Costing of Foundational Public

Health Services in Ohio subcommittee to gather input related to Annual Financial Report (AFR) data entry in the OPPD.

- Reviewing other state level public health reporting systems. In March 2017 and April 2017, the Connecticut Department of Public Health and the North Carolina Division of Public Health were contacted to inquire about their local health department reporting systems focusing on financial reports and accreditation indicators. These state health departments were chosen based on recommendations from an expert in the field of public health systems and service provision.

The results of the assessment were compiled and categorized for recommendations. In addition to the above, the ODHE Accreditation Readiness survey results were assessed and considered when making recommendations.

Results

The results of the assessment can be organized into three main categories:

1. Annual Financial Report (AFR) related issues: Respondents reported they need better guidance on how to complete the AFR and that the format of the AFR should be changed to better show expenditure categories. The current AFR does not allow LHDs to show every program to which their funds are dedicated, and therefore it is difficult to determine how much health departments are spending on certain important population health programs. The 21C project is proposing changes to the AFR to remedy this concern. Additionally, CPHP was unable to align data from the AFR with data collected through the LHD readiness assessment, specifically data related to service provision. This limited the ability to draw conclusions regarding LHD expenditures and service provision.

When asked their opinion of the OPPD, users said:

“There’s no set requirement on what should go in it”

“The revenue side is all about the source of funds and not about the program. This makes it hard to reconcile”

“What good does it do for accredited health departments (AFR)?”

2. General Content related issues: LHDs currently input a significant amount of accreditation-specific information every other year, limiting the usefulness of the data to the state or LHDs due to the infrequency. Furthermore, accreditation coordinators cannot access the information easily, and much of the information is not utilized by LHD staff for planning or tracking purposes. While the information within OPPD is comprehensive, the information was not helpful to CPHP for this project because it is not as current as needed for the ODHE project. This also prohibits using the data for other state level analysis. Furthermore, OPPD survey respondents also reported several issues with outdated and incorrect content. Links across the system are old or broken, reducing its usefulness for LHDs. Respondents also reported redundancy in data entry across systems, for example: OAKS, the AFR, and local financial reporting systems.

*When asked their opinion of the OPPD, users said:
"In general, there is so much variety of quality that I don't find it useful to post"
"Take out mistake domains"
"Hard to search"*

3. Technical Functionality related issues: This was the most frequently mentioned challenge for LHDs and presented a significant barrier to CPHP's assessment. In general, loading time and limited internet browser options were the biggest barriers. The system often times out, resulting in the inability to access certain areas of the database, including the example documentation page. Other issues included: inconsistent or "jumbled" formatting in printed documents, lack of intuitive functionality making overall navigation and location of specific documents difficult, issues with how information is displayed electronically when reports are generated, and a lack of an alert to the health departments (via email) when something has been successfully uploaded. CPHP was frequently unable to download spreadsheets and other data to facilitate analysis. Finally, there is inadequate technical support available from ODH for trouble shooting.

*When asked their opinion of the OPPD, users said:
"I don't even use it because I can't get what I need in a timely fashion"
"Only works with IE! No Chrome."
"Shuts down on its own"*

Recommendations

CPHP offers the following recommendations to improve the OPPD:

1. Accreditation progress content: CPHP recommends more streamlined content related to the accreditation prerequisite requirements and the key milestones represented in the accreditation progress work plan. This work plan is required of all LHDs that have not yet applied for accreditation and contains important stages in the accreditation process. In addition, LHD reporting should increase in frequency but be more targeted to the work plan content in order to provide useable accreditation/reaccreditation progress tracking. Additionally, annual reporting should be required on a core set of indicators that are outcomes-based for all LHDs. Additional or different fields for reaccreditation could be developed for ongoing reporting. These changes would take the place of the Public Health Accreditation Board Standards and Measures data currently in the system. In order to make the proposed changes as effective as possible, access to the OPPD should be expanded to accreditation coordinators.
2. Redesign the OPPD as a performance management system option for LHDs: Because the OPPD is already intended to capture accreditation progress and quality metrics, it is ideally situated to be utilized as a statewide performance management system. This could increase utility by LHDs and provide an opportunity for continued analysis of public health system performance by ODH and public health researchers. A next-generation OPPD could also be used to collect public health service provision data from across the state. ODH should consider a third-party vendor to

house the system in order to improve reliability, increase use and link with other system-level data (e.g. health system quality metrics, community health assessment data, county level data, etc.) thereby broaden the capabilities of public health system performance data.

3. Functional improvements: Technology improvements are urgently needed to improve the utilization of the current system and should be strongly considered if the system is to be used faithfully by LHDs and/or researchers. In addition, more oversight to identify and remove incorrect or outdated documents is needed if LHDs are to use the system for quality improvement and best practice purposes. Again, third-party oversight would be beneficial for routine quality assurance and improvement. Technical support should be available to all users.

Summary

This report presents a summary of the assessment of the Ohio Public Health Profile Database and provides recommendations to improve the OPPD's usefulness, usability and alignment with the Ohio Local Public Health Accreditation Readiness Project. The Center for Public Health Practice (CPHP) at Ohio State University assessed the quality of the current OPPD in order to make recommendations for improvement, paying special attention to the results of the Accreditation Readiness Assessment and how the OPPD could better serve as a resource for both LHDs and ODH relative to accreditation and public health service provision. CPHP recommends ODH consider streamlining service and accreditation data collection within the system, including a core set of performance metrics, transforming the system to a performance management system available to LHDs, and implementing significant technical improvements.