

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
QUALITY ASSURANCE, PUBLIC HEALTH**

**PUBLIC HEALTH MEASURES**

**Introduction**

Each Public Health Program is expected to measure its contribution to protecting and improving the health of Los Angeles County residents. The Quality Assurance program is charged with consolidating the information in a uniform format so that it can be incorporated into one database that will be used for:

- Documenting progress towards Public Health goals
- Producing various report cards
- Assisting to determine Public Health needs

Information requested should be based on each Program's strategic plan, its mandate or an expectation of what it is to accomplish; it is not a request to develop new goals, etc. Focus will be on only a **limited number of major goals**; the intent is not to track all Program activities and projects; that is an internal management issue. However, it is important that the information be in plain language, easily understood by persons outside of the Program.

The attached form is intended to provide a format for the collection of the information for a common database. Instructions for completion provide the details. Please be brief and concise, limiting the information only to that which is requested.

Background information that will help the process:

- **Results and Performance Accountability, Decision Making and Budgeting,**
- **[www.raguide.org/index\\_of\\_questions.htm](http://www.raguide.org/index_of_questions.htm)**
- Information listed under Tools and Resources, previously distributed and available on **[www.lapublichealth.org/QA](http://www.lapublichealth.org/QA)**

Please return the Public Health Measures Form to:

Zuzka P. Eggena, MD, MPH

**[zeggena@dhs.co.la.ca.us](mailto:zeggena@dhs.co.la.ca.us)**

The QA program will review the information and submit it to Dr. Fielding when the delineated criteria have been met.

Please use the definitions in italics, approved by Dr. Fielding on April 15, 2003, to ensure consistency of language.

Training in Results and Performance Accountability has been made available to all Program Directors and their staff. In addition, a group of "Trainers and Coaches" can assist with the process. Internal capacity exists in Alcohol and Drug, Children's Medical Services, Environmental Health, Health Assessment and Epidemiology, Maternal Child

and Adolescent Health, Office of AIDS Programs and Policy, Sexually Transmitted Diseases, and the SPAs. Other Programs may request assistance by contacting Zuzka P. Eggena, MD, MPH at (213) 250-8606 or [zeggena@dhs.co.la.ca.us](mailto:zeggena@dhs.co.la.ca.us).

### **Instructions for completing the form:**

**Program name:** Name of Program or SPA.

**Mission:** *a brief, clear statement of purpose; tells why the organization exists.*

Insert the statement that has been **approved by Dr. Fielding**, otherwise leave blank.

Criteria:

- Clear
- Concise
- Reflects the purpose of the Program (may include mandates)
- Easily understood by the public.

**Vision:** *a statement that expresses what an organization/group is trying to achieve, a dream of how things ought to be; conveys an image of a desired future.*

Insert the statement that has been **approved by Dr. Fielding**, otherwise leave blank.

Criteria:

- Paints a picture of a desired future once the organization has met its expected long-term goals.
- Easily understood by the public.

### **PART I: Population Measures**

This is what each Program is working towards accomplishing on a **community** level.

**A. Population:** Identify the population base of the Program, e.g., L.A. County residents; SPA residents; low-income children with special needs; women of childbearing age, etc.

**B. Population goals:** *broad, general statements of what will be achieved and how things will be different; what it takes to reach the vision (may not be measurable).*

Please note that accountability is **shared** with other organizations/groups, the Program is not held responsible for achieving the goal alone.

Criteria: 1-2 goals that are

- Consistent with Program Mission and Vision
- Reflect PH goals, community needs and wishes
- Are in agreement with other programs/grant requirements
- It may be helpful to review [www.raguide.org/index\\_of\\_questions.htm](http://www.raguide.org/index_of_questions.htm), the Results and Performance Accountability Workshop Handbook, pgs 7 - 10 or the “Logic Model” (e.g., [www.CDC.gov](http://www.CDC.gov)).

For **each** population goal complete the following:

**a. Indicators:** *a measure which helps quantify the achievement of a goal; end result which lets us know if we are achieving a goal; **measurable**; refers to populations, whether or not they receive services.*

How will the Program know that the goal is being achieved, in **measurable** terms, related to the **whole** population (whether they receive services or not).

Criteria: 3-4 indicators, stated in plain language, that:

- Make an **important statement** about achieving the goal and for which **data is available, or can easily be obtained within the next few months**. If there is an indicator that makes an important statement for which data is not **yet** available, it may be included as a “Data development agenda” performance measure.
- Insert data on Baseline (*an initial measurement of population or program information*), noting the year, Benchmark (*target to be reached*), noting the year and Standard, such as HP 2010, **if** the information is available; otherwise leave blank.
- It may be helpful to review Results and Performance Accountability, pgs 12 - 14.

**b. Graphs of indicator data:**

Make a graph to demonstrate the current trend, over time, of each indicator. This is what Results and Performance Accountability refers to as the “baseline graph”. Newly developed indicators may only have a single baseline piece of data available or initially have no data at all. If possible, make a projection of what would happen if the trend were to continue without intervention; this is the “baseline forecast”.

**c. Story behind the baseline(s):** **Briefly** summarize the causes, the forces at work, the contributing factors that led to the current situation (why things are the way they are), make a projection of what will happen if the current trend continues. Factors to consider may include demography, national trends, resources, etc.

**d. Effective strategies:** *methods used to achieve goals and objectives, actions which have been demonstrated to achieve or have a reasonable chance of achieving results.*

Criteria: list a limited number that are

- Evidence-based (best)
- Best practices (second best)
- “Best Hunches”, what you think might work in the population, if there is no good information.

**e. Role of the Program:** How will the Program contribute to the population goal, what are the services/activities it provides/will provide, e.g., clinical care; outreach; consultation; education, other resources, etc.

Criteria:

- List the activities of the Program which contribute to the population goal

- Note the corresponding Core Function(s) and Essential Service(s) of Public Health (by number) the activity constitutes.

These activities will become the basis for the goals for program performance, in PART II.

**f. Partners:** *people, agencies, and organizations, public and private, who could help the effort in reaching the goal.*

Criteria: List collaborators whose goals are similar and who will be/are involved.

- Internal - other Public Health Programs
- External - Personal Health Services, other LA Co. Departments, Community Based Organizations, Non-Government Organizations, Faith-Based Community, Voluntary groups, Private organizations, etc.
- Distinguish between those that are participating (current) and those that are desirable, potential partners.
- If the information is available, include resources to be contributed by the partners.
- It will be useful to review the article on “Quality Collaboratives: Lessons from research”, J. Ovretveit, P. Bate, P. Cleary et al, Qual Saf Health Care 2002; 11:345-351, found at <http://qhc.bmjournals.com/cgi/cintent/full/11/4/345?eaf> .

## **PART II: Program performance**

This is the **means** to get to the population goal(s).

**A. Program customers:** List the categories of recipients of the Program’s services, the clients with whom the Program is working to get closer to the population goal(s), e.g., clinic patients, recipients of outreach services, schools, facilities (hospitals, nursing homes), etc.

**B. Program performance goals:** *broad general statement of what will be achieved and how the customer will be better off (may not be measurable);* please note that **accountability** is the responsibility of the Program.

Criteria:

- The role of the Program from the population measures will become the basis for Program goals
- Limit to no more than 4 or 5 broad categories.

For **each** Program performance goal, complete the following:

**a. Performance measures:** *a measure of how well a program is working; work performed and results achieved; its efficiency and effectiveness;* refers to **clients who receive services**. Utilizing the four-quadrant approach will make this easier; see Results and Performance Accountability, pg 50, and 63 – 65.

Includes:

- **Quantity** - the amount of work done, in numbers; the “left upper quadrant”; e.g., number of customers/patients, number of activities by type of activity, etc.
- **Quality** - how well the work was done, in %; the “right upper quadrant”; e.g., efficiency, client staff ratio, % staff fully trained, % satisfied customers, % actions timely, % actions correct, etc
- **Value** - the **difference** that the program made, is anyone better off in %; the “right lower quadrant”; e.g., effectiveness, such as % of skills/knowledge gained, % attitude change, % behavior change, % circumstances changed.

Criteria:

- 3 - 4 for **each** Program goal, from the fourth quadrant, the effectiveness, if possible, for which **data is or will be easily available**.
- Include customer service indicator (the SPAs per CHS Policy No. 441)
- SPAs should include a measure that reflects DHS QI measure:
  - o Children, age 24 months, who have received all recommended immunizations.
- Data development, if necessary
- Include shared goals, e.g., those developed among programs (ACDC, IZ, STD, TB, and the SPAs).
- The rest of the measures, related to quantity and quality of effort and additional measures related to value to the clients should be recorded in the Appendix.

**b. Graphs of performance measure data:** Make a graph to demonstrate the current trend for each measure chosen above, if data is available. Newly developed performance measures may only have a single, baseline, piece of data available.

**C. Story behind the baseline(s):** Briefly summarize the causes, the forces at work, the contributing factors that led to current performance (why things are the way they are), make a projection of what will happen if the current trend continues, e.g., resources, policies/procedures, etc.

**D. Partners:** *people, agencies, and organizations, public and private, who could help the effort in reaching the goal.*

Criteria: List collaborators whose goals are similar and who will be/are involved.

- Internal – other Public Health Programs
- External – Personal Health Services, other DHS and LA Co. Departments, contract organizations, Community Based Organizations, Non-Government Organizations, Faith-Based Community, Voluntary groups, Private organizations, etc.
- Distinguish between those that are participating (current) and those that are desirable, potential partners.

- If the information is available, include resources to be contributed by the partners.
- It will be useful to review the article on “Quality Collaboratives: Lessons from research”, J. Ovretveit, P. Bate, P. Cleary et al, Qual Saf Health Care 2002; 11:345-351 found at <http://qhc.bmjournals.com/cgi/cintent/full/11/4/345?eaf> .

**E. Strategies to improve performance:** *methods used to achieve goals and objectives, actions that have been demonstrated to achieve or have a reasonable chance of achieving results.*

Criteria: list a limited number that are

- Evidence-based (best)
- Best practices (second best)
- “Best Hunches”, what you think might work if there is no good information.

**F. Appendix:** include information on measures, the details, that are collected in order to get to the few important ones listed under “Performance measures” in PART II, B.,a.; the background information, including the process, that will be useful in understanding the accomplishments of the Program.

Criteria:

- Quantity – the amount of work done, in numbers; the “left upper quadrant”; e.g., number of customers/patients, number of activities by type of activity, etc.
- Quality – how well the work was done, in %; the “right upper quadrant”; e.g., client staff ratio, % staff fully trained, % satisfied customers, % actions timely, etc.
- Value – is anyone better off in %; the “right lower quadrant” which has not been included in the “Performance measures” section; e.g., % of skills/knowledge gained, % attitude change, % behavior change, % circumstances changed.

### **PART III: Tools and Resources**

(Distributed previously and available on [www.lapublichealth.org/QA](http://www.lapublichealth.org/QA))

Definitions, Public Health

Sample Indicators and Performance Measures

Evidence-based Interventions

Core Functions of Public Health and Essential Services of Public Health

Data Sources

PH Measures, Instructions, 8-03