Quality Improvement Process Summary Worksheet

QI Project Name: *Improving the display of Maternal-Child Health data for community priority health goals in Kane County*

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Division</th>
<th>Committee</th>
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<tbody>
<tr>
<td>Carlson, Fred</td>
<td>Senior Environmentalist/Health Protection</td>
<td>QI/PI</td>
</tr>
<tr>
<td>Christoffel, Beth</td>
<td>MCH Supervisor/Family Health</td>
<td>QI/PI</td>
</tr>
<tr>
<td>Dobbins, Claire</td>
<td>Director, Health Protection Division</td>
<td>QI/PI/Co-Chair</td>
</tr>
<tr>
<td>Edwards, Kay</td>
<td>Consultant, NACCHO Grant</td>
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<tr>
<td>Hashmi, Sara</td>
<td>KCHAIN Manager/Community Health</td>
<td>Data</td>
</tr>
<tr>
<td>Heaton, Theresa</td>
<td>Director, Family Health Division</td>
<td>Data and QI/PI/Co-Chair</td>
</tr>
<tr>
<td>Isaacson, Michael</td>
<td>Director, Community Health Division</td>
<td>Data /Chair and QI/PI</td>
</tr>
<tr>
<td>Jeffers, Barb</td>
<td>Director, Resource and Support Division</td>
<td>QI/PI</td>
</tr>
<tr>
<td>Kuehnert, Paul</td>
<td>Executive Director, Health Department</td>
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</tr>
<tr>
<td>Marishka, Kate</td>
<td>Manager, Communicable Disease</td>
<td>Data</td>
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<tr>
<td>Maurice, Greg</td>
<td>Environmental Manager/Health Protection</td>
<td>Data</td>
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<tr>
<td>Obuchowski, Maureen</td>
<td>Health Promotion Coordinator</td>
<td>Data</td>
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<tr>
<td>Onwuta, Uche</td>
<td>Chief Epidemiologist/Community Health</td>
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<td>Pascoe, Joy</td>
<td>MCH Supervisor/Family Health</td>
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<td>Schlueater, Tom</td>
<td>Public Information Officer</td>
<td>QI/PI</td>
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<td>Sharp, Julie</td>
<td>MCH QI and Training Supervisor</td>
<td>QI/PI</td>
</tr>
<tr>
<td>Tebeau, Mary</td>
<td>Manager/Health Protection</td>
<td>QI/PI</td>
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<tr>
<td>Verzal, Sharon</td>
<td>Environmental Supervisor/Health Protection</td>
<td>QI/PI</td>
</tr>
<tr>
<td>Wurst, Donna</td>
<td>Supervisor/Health Protection</td>
<td>QI/PI</td>
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**What were you trying to accomplish?**

We wanted to increase our community stakeholders’ understanding of the top maternal-child health (MCH) priority addressed in our Kane County Community Action Plan as a means of increasing community participation in improving the health of our residents, so that together we reach the 2030 vision that by 2030, Kane County residents are the healthiest people in Illinois.

Though we had recently published a single community health score card (see attachment) with goals for 2010, 2015, and 2030 for our Maternal-Child Health (MCH) priority and four (4) other health priorities in a Community Action Plan document, we lacked an effective data display product to show our current status and our progress toward our community health scorecard goals. Therefore, we decided to create a display template for the MCH health priority that increases stakeholders’ understanding of our current status and progress toward our related 2010, 2015, and 2030 goals. We decided to design this data display template so it could be used to display data related to our four (4) other health priorities in a Community Action Plan.

**1. PLAN: What was the state of affairs when you began?**

**Background:** About a year ago, through facilitation and leadership of the Kane County Health Department (KCHD), the Kane County community at large participated in a MAPP-like process called IPLAN (Illinois Plan for Local Assessment of Need) and identified the five (5) most critical health priorities to be addressed over a five year period. One of those priorities identified was...
maternal-child (MCH) health disparities, especially for African Americans in Kane County. A county wide, pre-existing Perinatal Committee took leadership for designing and implementing a community action plan to address the identified priority of MCH disparities. Last quarter, KCHD leadership solicited input from many community groups and developed a one page score card for each of the five (5) critical health priorities identified. The score card set goals for 2010, 2015, and 2030 for each priority area and was published in our Community Action Plan.

Parallel to the community priority work, the KCHD engaged in a Balanced Score Card Development process with the assistance of a consultant, Dr. Judy Storfjell, from the University of Illinois, Chicago. The product of this process was the adoption of a Balanced Score Card and the formation of seven (7) Cross-Cutting Committees and Action Plans to implement the Balanced Score Card. The Committees were staffed by intra-Divisional representatives of all the Divisions in the Health Department and chaired by senior management members: Data, Quality Improvement/Process Improvement (QI/PI), Training, Finance, Wellness, Communications, and IPLAN.

The seven committees developed and began to implement action plans to achieve Balanced Score Card goals. The QI/PI Committee Quality Improvement Committee, as a part of its work, submitted and received one of the Round 2 NACCHO Accreditation Preparation and Quality Improvement Demonstration Sites Project awards. As part of this Demonstration Project, our QI/PI Committee and senior leadership team engaged in a self study of our capacity as a local health department, using the Self-Assessment Tool for Accreditation Preparation, which is based on the Operational Definition of a Functional Local Health Department (LHD). Our self study provided us with data to assist with decision-making related to quality improvement within our Department.

**Identification of area of Improvement:** We identified our area of improvement through a two (2) step process:

**Step 1: Broad improvement priority identification:** The KCHD QI/PI Committee and KCHD senior leadership team both reviewed the Self-Assessment Tool Results. The QI/PI Committee conducted an analysis session, using the NACCHO Scorecard Report to clarify and analyze scoring deficits within each Essential Service category and subcategories. Next the QI/PI Committee conducted a priority-setting session to set priorities for beginning improvement projects from among the scores which required improvement. Four (4) priorities emerged, following a brainstorming Process (Table 1 below) and were recommended for consideration to Senior Management Team:

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Rationale</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>I is key for improvement because it will drive excellence in other areas, it had three components with 0 score, focus on data systems, will bring our own voluntary level of excellence up to criteria of our required strategies (IX-C-02)</td>
</tr>
<tr>
<td>III</td>
<td>III is key for improvement because of our KCHD vision of 2030 to make people healthy, communication is the most important thing, and we lack specific programs for individual and community change</td>
</tr>
<tr>
<td>VIII</td>
<td>VIII is key for improvement because we already have a priority set within the organization for this via an existing cross-cutting committee, we need a competent workforce, and it dovetails with our Learning and Growth goal;</td>
</tr>
</tbody>
</table>
IX is key for improvement because we already have an organizational goal and cross-cutting committee on data, and it fits with our organizational goal to be data driven.

KCHD senior management conducted the analytic activities, utilizing the NACCHO Scorecard Report and the recommendations of the KCHD QI/PI Committee. A broad area for improvement was selected with this input from both the QI/PI Committee and the Senior Management team: Essential Service I.

Step 2: Selection of a specific area for improvement for the NACCHO Demonstration Project, within the top priority area, Essential Service I, Monitor health status and understand health issues facing the community. Two of the KCHD cross-cutting committees, the QI/PI Committee and the Data Committee, (see committee member names listed at the beginning of this report) participated in a meeting on 8/7/08 facilitated by the QI consultant engaged through our NACCHO grant award. The planning portion of our PDCA cycle continued in this meeting.

What change could be made that would result in improvement?
1. At our planning meeting in Step 2 of the planning process, some important observations emerged through an initial brainstorming session on data display improvement issues:
   - The lead poison issue really grabbed the attention of Board members in their district profiles because of the way it was displayed…the power of data display is significant and broadly is the charge of our data committee
   - The IPLAN Community Health Action Plan scorecard we just finished leads us to a critical next step—how can we create a display product that speaks to the Board and other community stakeholders in terms they understand and help them decide a specific health issue is important to them and worthy of their energy and support
   - We have a good display of our goals in the scorecard, but we lack a user friendly display product for helping community members understand our current status and progress toward each goal.
   - Our self study revealed that we are weak in the area of data display.
   - The more that people in the community get messages that make the health issue/priority clear and understandable, the more likely they are to engage in improving the outcome.

2. After participants engaged in this dialog about the potential focus of our improvement project, we used a modified brainstorming and affinity diagram process to facilitate selection of our priority area. We considered issues related to the collection, integration, and the display of data, differentiating, at the same time, data sources that were internal, external, or a combination. The decision we reached to focus on the display of Community Action health priorities is depicted in Matrix Table 2 below:

<table>
<thead>
<tr>
<th>Data Function</th>
<th>Internal Source</th>
<th>External Source</th>
<th>Both Internal and External Source</th>
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</thead>
<tbody>
<tr>
<td>Collect</td>
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<tr>
<td>Integrate</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Display</td>
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<td></td>
<td>X</td>
</tr>
</tbody>
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Improvement theory discussion led us to look at other display products used by local and state health departments. To refine our improvement topic even further, we broke into five subgroups
The work of the small groups was reported out to the large group. The large group discussion of the small group findings helped us to narrow in on a specific health plan priority and improvement project. Using unstructured brainstorming with facilitation by our QI Consultant, we took advantage of the expertise of all members and all subgroups to arrive at our specific focus:

**Create a visual data display for the MCH goal in the Community Action Score Card that is visually appealing, is readily understood by community stakeholders, and communicates the current progress toward each health goal.** However, we agreed to utilize the MCH data product developed through this PDCA cycle and apply it to the four (4) other community health priority areas.

2. **DO: How was the test implemented?**

Success in creating a visual data display product that really communicates with community stakeholders depended greatly, we realized, on having the right partners on the creative team and in recruiting expert graphic expertise at the appropriate juncture. Team members were accountable for identifying other experts within the Department who were necessary to project success and for participating in creative ideation sessions as well as in analytic response and commentary to phased versions of the product.

**Roles:**

- The MCH subgroup, Beth Christoffel, Theresa Heaton, Barb Jeffers, and Julie Sharp, took the leadership role in developing a data display product for the MCH Disparities goal of our Community Health Action Plan.
- The QI/PI Committee Chair took on the role of project coordinator, assuring that all members were involved, met deadlines, and received feedback.
- Our PIO, and the Executive Director were selected to take on the final editing role for the project.
- Additional experts in the Department were recruited to assist in the data display product development: Epidemiologist, Uche Onwuta and MCH Initiatives Manager Alvina Eineke met to explore ways to display the data related to the MCH scorecard.

**Testing Ideas/Process:**

- The MCH subgroup, with its helping experts, via three meetings and significant email communication/commentary on several iterations of a visual data display product, developed a draft that was ready for professional graphic assistance.
f. Because we wanted the product to be published in both Spanish and English to meet the language needs of our community, we recruited Elba Salazar, MCH Program Manager, to assist with the translation.

g. Representatives from the MCH group and the PIO for the Department met with a graphic designer to obtain graphic expertise for the preliminary product.

h. Revisions were made to the product based on the graphic designer’s input.

i. The Department Executive Director provided editing input into the product.

j. A final data display product was created and duplicated in readiness for the CHECK portion of the cycle.

Obstacles:
Time was one of the biggest obstacles to moving the development process along in the three weeks allotted for the “DO” portion of the PDCA cycle. Members of the subgroup had to come together from offices in two different cities and work through a large number of options for data display. We solved this by utilizing electronic communication to refine and complete our data display work once the in-person initial ideation meeting was conducted.

Language barrier: Creating a template that “worked” in terms of simplicity, graphic clarity, and optimal balance of text and graphics was difficult due to the obstacle of needing to write the message twice—using Spanish and English on each page. We resolved this issue by translating all the text and trying different template patterns until the cleanest visual pattern emerged. Assistance from the graphic artist helped in this part of the process.

3. CHECK: Did it work?

a. The product was revised and then presented to the Public Health Committee of the County Board/Board of Health for feedback.

b. After the feedback from the Public Health Committee was incorporated into the product, members of the MCH subgroup presented the MCH data display template to the Perinatal Committee (MCH leaders in the community), the AOK Network (representatives of agencies serving children ages 0-5 in our community), and the Circles of Wise Women (African American community women who are working to reduce disparities in our community) for feedback and input.

c. The input and feedback from these community groups was incorporated into the MCH display product. These groups helped us greatly in pinpointing unfamiliar terms and jargon, insisting on greater simplicity, and advising us on sticking to our main goal of helping stakeholders understand our current status and progress toward the health goal. (We felt it was too easy for us as public health experts to put too much information in, use higher level terms and labels, and to mix health advice into the data message.)

d. The display product was shared with the entire PDCA cycle team in a second PDCA meeting on 9/8/08 and feedback was elicited. At this same meeting, the subgroups formed to utilize a common data display template for the other four community health priorities, and shared progress on their work in selecting data elements for display.

e. This check process resulted in an improved product which is attached to this report. Our expectations for the PDCA cycle improvement have been met initially but will be further tested as this same data display template is utilized to communicate with community stakeholders about the other four (4) community health plan priorities.
4. ACT: What are the next steps?
This new data display template will be implemented in a broader PDCA cycle which has a due date of 11/30/08. In this cycle, the subgroups formed for our other community health priorities (see Table 3) will complete data displays that communicate our current status and progress toward our 2010, 2015, and 2030 goals.

Each subgroup will test its data display with community groups that are engaged in addressing the particular health priority area that their visual display depicts through text and graphic. This feedback, as evidenced by our initial PDCA cycle, is vital for assuring we produce a product that really speaks to community stakeholders in clear language and engaging graphics.

Final versions of these data display products will be incorporated into a single publication that will be distributed annually to our community stakeholders along with the original Community Health Scorecard. We will use this publication in our Health Department communications strategy to improve our community’s understanding of the health priorities. This increased understanding is a valuable ingredient in the process we are implementing to increase stakeholder involvement in addressing these health priorities over the course of the remaining three years of the Community Action Plan.
Vital Signs: Kane County Community Health Action Plan Priority Report 2008

Signos Vitales: Reporte de Prioridad del Plan de Acción para la Salud de la Comunidad del Condado de Kane del 2008
Priority No. 1

Racial Disparity in Maternal Child Health Outcomes

2010 Goal: Reduce African American Infant Mortality to 10 per 1000 live births

Disparidad Racial en Resultados de Salud Materna e Infantil

Meta 2010: Reducir la mortalidad infantil afroamericana a 10 por cada 1000 nacimientos vivos

Kane County First Trimester Entry into Prenatal Care by Race and by Enrollment in Family Case Management

Ingreso a Cuidado Prenatal en el Primer Trimestre por Raza y por Entrada en Administración de Casos de Familia en el Condado de Kane

- First trimester entry into prenatal care is started by the 12th week of pregnancy.
- Early entry into prenatal care improves infant health and reduces infant deaths since pregnancy and delivery problems are found early and treated as soon as possible.
-入院于妊娠期前3个月的开始于妊娠第12周。
- Early entry into prenatal care improves infant health and reduces infant deaths since pregnancy and delivery problems are found early and treated as soon as possible.
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- Family Case Management (FCM) is an Illinois, county-based system of care that helps Medicaid-eligible women give their babies the best start in life through linking them to early prenatal care and other supportive services.
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Racial Disparity in Maternal Child Health Outcomes

2015 Goal: Reduce African American Infant Mortality to 10 per 1000 live births

Disparidad Racial en Resultados de Salud Materna e Infantil

Meta 2015: Reducir la mortalidad infantil afroamericana a 10 por cada 1000 nacimientos vivos

Kane County African-American Infant Mortality: 5 Year Averages 1996-2005
Mortalidad Infantil de Afroamericanos en el Condado de Kane: Promedios de 5 Años 1996-2005

- Infant Mortality is a measure of the number of infant deaths (before the first birthday) that occur for every 1000 live births.

- Infant deaths in Kane County among African American babies, displayed here in five year averages, are decreasing slowly.

- The 2001-2005 infant mortality rate of 13.6 for African Americans is still much higher than our 2015 goal of 10 deaths per 1000 live births.

- La mortalidad infantil es una medida del número de muertes infantiles (antes del primer cumpleaños) que ocurren por cada 1000 nacimientos vivos.

- Las muertes infantiles en el Condado de Kane en los bebés afroamericanos, demostrados aquí en promedios de cinco años, están disminuyendo lentamente.

- El índice de mortalidad infantil 2001-2005 de 13.6 para los afroamericanos aún es mucho más alto que nuestra meta 2015 de 10 muertes por 1000 nacimientos vivos.
Racial Disparity in Maternal Child Health Outcomes

2015 Goal: Reduce African American Prematurity by 13%

Disparidad Racial en Resultados de Salud Materna e Infantil

Meta 2015: Reducir los Nacimientos Prematuros en Afroamericanos a 13%

- Prematurity is any birth that occurs before 37 weeks of pregnancy.
- Prematurity is increasing for infants of every race in our county, our state, and our nation.
- But…. African American prematurity increased more between 2001 and 2005 than any other race in Kane County.
- African American infants are the only group of Kane County infants that did not yet reach the 2015 goal of 13%.
- African American infants in Kane Count are farthest from the 7.6% Healthy People (HP) 2010 prematurity goal set by the U.S. Department of Health and Human Services.
- Premature babies often have: birth complications, low birth weight, long hospital stays, long term medical problems, delayed development, and need specialized therapies, health care, and special education.

Your Health, Our Commitment

Kane County Health Department

Su Salud, Nuestro Compromiso
In Kane County, infant mortality, the number of babies who die per 1000 live births, is not equal among races.

Infant mortality for African Americans infants is more than double the rate for every other group—whites, Hispanics, and the entire group of babies born to all Kane County families.

En el condado de Kane, la mortalidad infantil, el número de bebés que mueren por cada 1000 nacimientos vivos, no es igual entre razas.

La mortalidad infantil en afroamericanos es más que el doble de la tasa por cada otro grupo—blancos, hispanos, y el grupo entero de bebés nacidos en todas las familias del Condado de Kane.
Team Comments/ Feedback on Community Action Plan Display Products—NACCHO Grant

CD – Infectious Disease

- Don’t like the gray background for graph
- I do like the layout of the page and the Spanish placement
- Difficult to see blue line on gray background, maybe use bar chart of thicker lines
- Shorten graph?
- Try to get to one page? Or put text on one page, graph on next?
- Background bright
- Consistent color background
- Line graph can be more visible
- Less text
- Influenza: Define with a legend what downstate means
- Syphilis: Risk factors…. Include (no 5)
- Syphilis:
  - Gray background – no
  - Thicker lines
  - Narrative needs to say why it is imp.
  - Eliminate downstate data for immunization, since it has to be explained
  - Acronyms need to be written out e.g. MSA

Chronic

- Remove non-smoking and non obese lines from graph
- I like the way Chronic disease looks

EH

- Need color consistency
- Association of graphs with text close proximity with graph

Flouride

- How will you use map to show progress?
- Perhaps combine 2015 & 2030 goals with single pie chart
- Like pie chart
- Use “percent” rather than “%” in title
- Will have a GIS map
- Need to say health issue is with just teeth
• Bottled water use

**Access to Care**

• Should “publicly insured” be included as insured? Maybe have “publicly insured” as own percentage?
• MH –
  - Bar chart should reflect goal, If goal is 80% = good then chart should show those who report goal, not negative
  - Identify resource for baseline
  - Pie chart says 7% but text says 6.9% - make sure it match
• I like the way the diabetes graph outlines baseline vs goal
• Health access page should separate out publicly insured, no insurance, and underinsured
• Last word: concerns?
• 2010 – need source of data in text boxes
• 2015 Goal – why is DM imp to the priority of Access to Care
• 2030 – baseline 92.6% pie chart shows uninsured not access to care
• “In the network” is not defined
• Pending – yes/no? What does it mean
• I like the way this one looks
• The words “through a system” can they be placed more closely to the word(s) they modify or to which they relate?

**Health Protection**

• Syphilis – 1st graph – make this line bolder and specify what each line indicates
• Do bullet points for the information given on the bottom of form (1st pg)

**Immunization**

• Adult vaccination – use BRFSS since that has Kane County data
• Influenza:
  - 2007-2010 – no data, so dates shouldn’t be there
  - Change gray background to white
  - Make lines thicker to see
  - Would less text be better?
• 1st graph – make this line bolder and specify what each line indicates
• Do bullet points for the information given on the bottom of form (1st pg)
• Too much text on immunizations
• Revise immunization graphs to resemble the Infant Mortality graphs
**Lead**

- How will you show progress on the map?
- Why have IL “busy chart” data when we are focused on Kane?
- Progress on abating pre-1970 housing stock
- Can colors go bolder than red for highest areas? (on GIS)
- GIS map – no goal listed
- Needs info on why imp.
- Vertical line for increase in lead poison definition is confusing
- Too much on bar chart for elevated lead
- Housing data link to lead poisoning is not clear

**Maintenance of Effort**

- More space – fewer words
- Heading in text “What is This?” “Why Does This Matter?”
- Improve graphics
  - make consistent comparisons
  - make easily understandable
  - graphs should stand alone and be understandable w/out text

**MCH**

- Bar Charts Bullet Point > less words
- Logo – Can’t See
- Why is this?
- How are we doing?
- Capitalize M (in maternal) on 1st page
- Add (change wording) to briefly indicate reasons for higher African American problems
- More space, fewer words
- Heading in text  e.g. what is this? Why does this matter?
- Less wording/explanation is better
- Less text / simple text
- Infant Mortality: English and Spanish – I like the way that’s done, I like version 1 – fewer words in English and Spanish is a nice feature
- Spanish on the right side or back rather than the way it is done now
- Template 1 graph better
- GIS Data
- Template on page 2 better
  - lesser literature
  - bigger font
  - easier to read
  - ‘take home’ message easier to graph
Mental Health

- It is difficult to decipher what the goals are on the first slide, include one 5 goal
- 1st Goal and Graph not related
- Too much info in text
- Depression – too much info in chart
- Language of goals in MH – all double negatives
- Consistent comparisons (e.g. Kane-IL-US)
- Elaborate that wait time means before first appointment, rather than waiting to be seen, once in the office
- Reduce text. The first page has too many words in the problem statement
- Graph on report (page 2) of last 30 days is that those feeling good or not good? (i.e. 80% if 65+ in 2007 report not feeling good?
- One line comments better than narratives
- Create a break (line) between age of depressed and the gender
- Can we get KC data on the outcomes?
- WAIT TIMES “clients served” what does that mean? How does it relate to the wait time goal?
- Who don’t report feeling depressed
- Graph not clear on category
- Awkward statement: Adults who report MH not good but that may be how it is identified
- Like the descriptions
- Suicide comments are very remarkable
- High School Depression – Increase to 85% the number (not #)

Maintenance of Public Health Infrastructure

- 1st graph: on the x-axis: remove 1999 & 2000 since there is no data there, also for the goal, you can make the line bolder and make it the same years as the syphilis lines, irrespective of the fact that it is a 2010 or 2015 goal. I can help you with that – Uche
- Syphilis
  - perhaps Δ to column graph?
  - thicker lines, white background, the lines are hard to see, baseline data is helpful
  - blanks where there is no data – why?
- More space, fewer words
- Heading in text e.g. What is This? Why does this matter?
- Improve graphics
  - make consistent comparisons
  - Make easily understandable
  - Graphs should stand alone and be understandable without text
**Obesity**

- LOVE the quote
- Goal should specify that it is for obese, otherwise it is confusing since both + and – are on the chart
- Good quote on consequence of childhood obesity
- Could you possibly say people who are obese with a BMI of “x” may not live past the 35th or ? birthday vs may not outlive their parents
- Physical Activity doesn’t say Kane data or not
- Increments on the obesity chart need to be smaller b/c difficult to see the difference between how and the 5% goal

**Radon**

- How will you show progress on map?
- Bar graphs??
- GIS Map
- Legend says IL County by Zip Code but map looks like it is Kane County
- Page 4: can we see # tested for radon and not results of tests (or perhaps as secondary graph)?
- Like map
- Bar chart is confusing, what is it saying?
- Delete one use of the word “dramatically”
- High level terms need to be lower

**Suicide**

- Include “IL excluding Chicago, also include goals on all charts
- Reduce to 5% .....

**Youth Smoking**

- Trend over time might be more effective
- Use same font size, bold as non bold and underline as on other slide
Overall

- I think we have too many measures
- We need consistent presentation of data
  - comparisons
  - which type of graphs
  - goal line in charts
- Consistent use of text
  - how much text
  - format

- Vital Signs is good title
- I like pie charts better and graphics with bars – better/easier to visualize and understand
- Use spell check
- Less text, more pictures or quotes
- Need larger box at top instead of 2 box split at the top
NACCHO QI Group Process (8/7/08) Matrix: PDCA Priority Selection: We can select one of these cells, one of the rows, one of the columns, or a cross section of cells/rows, columns, as our priority:

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Internal Data</th>
<th>Both Internal and External Data</th>
<th>External Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display</td>
<td></td>
<td>Selected: Display of data related to IPLAN Scorecard</td>
<td></td>
</tr>
</tbody>
</table>

Some of the discussion points that preceded selection:

- It’s important to establish criteria for data that shall be collected by KCHD: value, time, cost, accessibility, compatibility, potential for electronic formatting…etc.
- We need to analyze the value of data available to us and answer the question carefully about WHY we should actually collect it
- Do we need an integrated, internal (electronic medical record) system so that clients who receive direct services from the KCHD are assisted to receive ALL the services that they need that are offered by KCHD…but this is a macro project that needs to be addressed outside of the specific PDCA cycle we are seeking to implement by 9/30/08
- How do we actually USE the data we collect—is it worth it?
- We need to keep our focus that we are working on Essential Service I—the monitoring of community health status—right now…the data collection of primary and secondary data, for this PDCA cycle, needs to keep this focus
- The fiscal and resource functions of the KCHD need data integrated from the other Divisions
- We need a prototype to be developed to guide us in data collection and integration
- Our Public Health Committee statistics need to be revised…. but there are ownership issues to be resolved first and this is a macro project that needs to be addressed outside of the specific PDCA cycle we are seeking to implement by 9/30/08
- Lead poison issue really grabbed the attention of Board members in their district profiles because of the way it was displayed…the power of data display is significant and broadly is the charge of our data committee
- The IPLAN scorecard leads us to a critical next step—how can we create a display product that speaks to the Board and other community members in terms they understand and help them decide a specific health issue is important to them and worthy of their energy and support

We concluded by selecting one cell: displaying internal and external data collected related to IPLAN priorities. The specific priority defined and adopted for our NACCHO grant:

Within Essential Service I, Monitoring Health Status and Understanding Health Issues Facing the Community, Standard I-A, Focus on Data Collection, Processing and Maintenance, substandard I-A-01, staff expertise and training on collecting, managing integration of, and displaying data. We selected as our improvement priority: to develop a community-tailored, user-friendly product for displaying data that the Kane County Health Department collects related to the community IPLAN goal to reduce maternal-child health disparities in Kane County.