

LHD Leaders Resource Guide: A Resource to Assist LHD Leaders in Program Operations

Kentucky Public Health Leadership Institute Scholars:

Deborah Bridges; RN

Nurse Consultant/Inspector; Kentucky Department for Public Health

Renee Durr; RN

Nurse Supervisor; Anderson County Health Department

Billie Dyer; RN

Home Health Nurse Administrator; Madison County Health Department

Marci Flechler; RN, B.S.N.

Nursing Supervisor; Oldham County Health Department

Valerie Hudson

Director; Monroe County Health Department

Brandon Hurley; M.P.H.

Director; Anderson County Health Department

Barbara Turner; RN, B.S.N.

Deputy Director; Madison County Health Department

Mentor:

J. David Dunn; M.P.H., Sc.D., R.S.

Professor Emeritus Department of Public Health; Western Kentucky University

EXECUTIVE SUMMARY:

In 1994, the Core Public Health Functions Steering Committee defined the 10 Essential Public Health Services which elaborated on three core functions: assessment, policy development and assurance.³ As Local Health Departments (LHD) move toward Public Health Accreditation it is imperative that we ensure our leaders have access to and knowledge of appropriate program data. Access to meaningful data is an integral step in assuring that LHD leaders will be prepared to evaluate programs effectively. Assessment of this data can then increase efficiency, knowledge and thus establish a more competent public health workforce.

The KPHLI Code Blue Team is comprised of six LHD leaders and one DPH nurse consultant. At the KPHLI orientation summit the LHD leaders, some fairly new to their positions, began discussing the need for a resource tool that could be used to assist leaders in LHD program operations. This resource guide will be an important step in assuring a competent public health workforce.

The initial concern identified was the lack of awareness of the available program data during the initial learning period for new leaders. Specific questions identified included: Why are new supervisors and directors not aware of the necessary data to help steer the department and monitor progress? What data is needed? What data is available? Do experienced personnel forget to share this information with others? What information should LHD leaders monitor to assure programs are operated according to regulations, comply with Kentucky statutes, and maintain fiscal responsibility? After identifying this gap, the decision was made to develop a Leaders Resource Guide that could be used to monitor the pulse on LHD program operations.

To create a resource guide, it was imperative to obtain information from the field. To accomplish this, IRB approval was obtained to conduct a survey of LHD leaders. This survey was distributed to LHD leaders via various global LHD email listserves. Results from this survey were used as a baseline to ascertain what data reports were being utilized for specific program operations and to assist in specific information needed in a Resource Guide. LHD key leaders reviewed final data and provided valuable feedback.

At this time, there are some resources available to new LHD leaders, most importantly the Kentucky Department for Public Health Administrative Reference (AR)¹ and Public Health Practice Reference (PHPR)². In addition Custom Data Processing (CDP) provides many LHD with numerous data reports. Various local and state organizations provide leader orientations to LHD staff. The addition of this newly developed LHD Leaders Resource Guide will be a valuable addition to the current resources available.

Sharing of this resource guide with key stakeholders, such as the Department for Public Health (DPH), Kentucky Health Department Association (KHDA) and LHDs will enhance the current resources/orientations used to develop competent leaders. Team members are currently working with these key stakeholders to ensure that this document is updated and remains accessible for all leaders.

INTRODUCTION/BACKGROUND:

New public health leaders in Kentucky face challenges every day in understanding the status of the programs they oversee. The current resources are abundant but not really collected in a concise manner as to make them readily available. Throughout the 120 counties, both district and local health departments, have ongoing opportunities to have new leaders in all programs. Because of the intricacies of the merit system sometimes the experienced, departing leader is long gone before the new leader begins in their position. This void creates missed opportunities for orientation.

Some entities, such as DPH and KHDA, have created an orientation for new directors. Other groups are working on nurse leader orientation programs. These programs have and will offer new leaders a start in learning their position. However, new leaders on our Code Blue team have identified through their own struggles that a resource guide might add to the already present orientation programs.

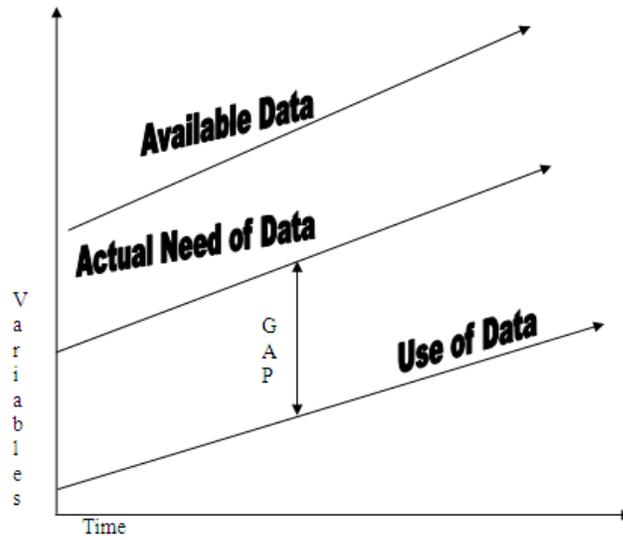
Keeping in mind that the compilation of a resource guide is only one piece to the orientation puzzle, our team has identified that with multiple, easily accessible resources, our leaders may have an easier transition into their roles.

The focus of this guide would be to identify specific reports to some of the primary leadership roles that would be important for those leaders to analyze on a routine basis. By doing so, those leaders would be keeping the pulse of their programs.

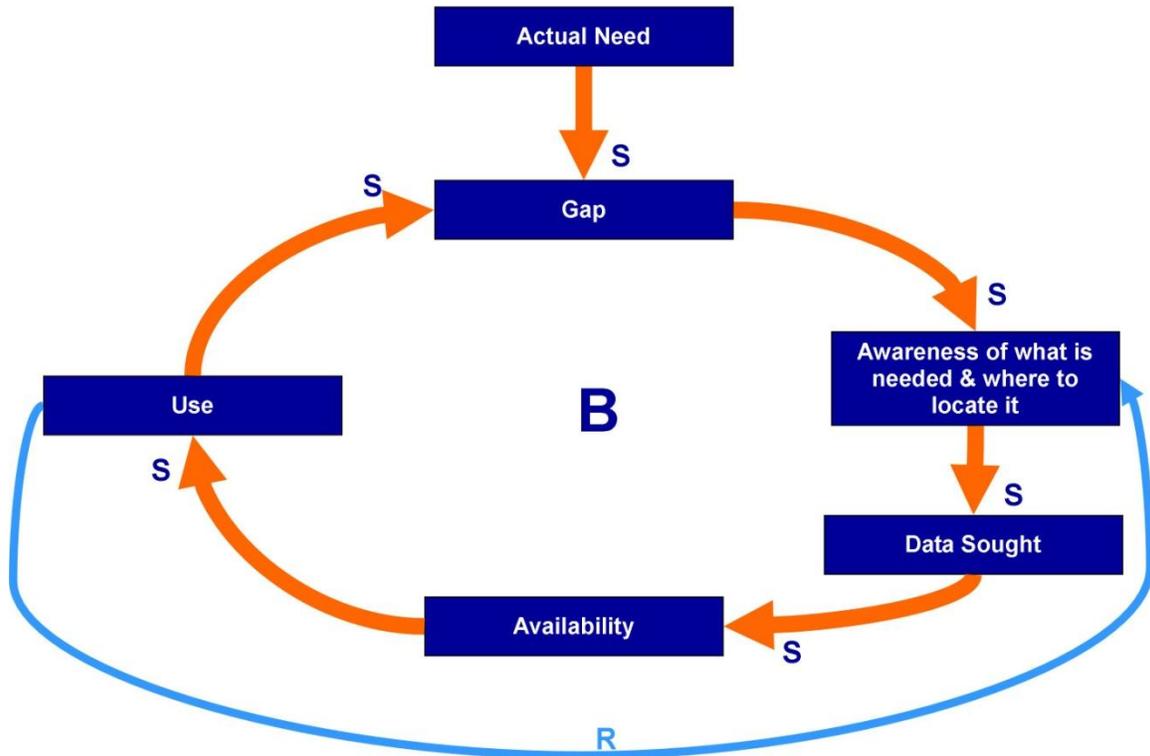
Problem Statement:

“Why are new supervisors and directors not aware of the necessary data to help steer the department and monitor progress?”

Behavior Over Time Graph:



Causal Loop Diagram:



10 Essential Public Health Services/National Goals Supported:

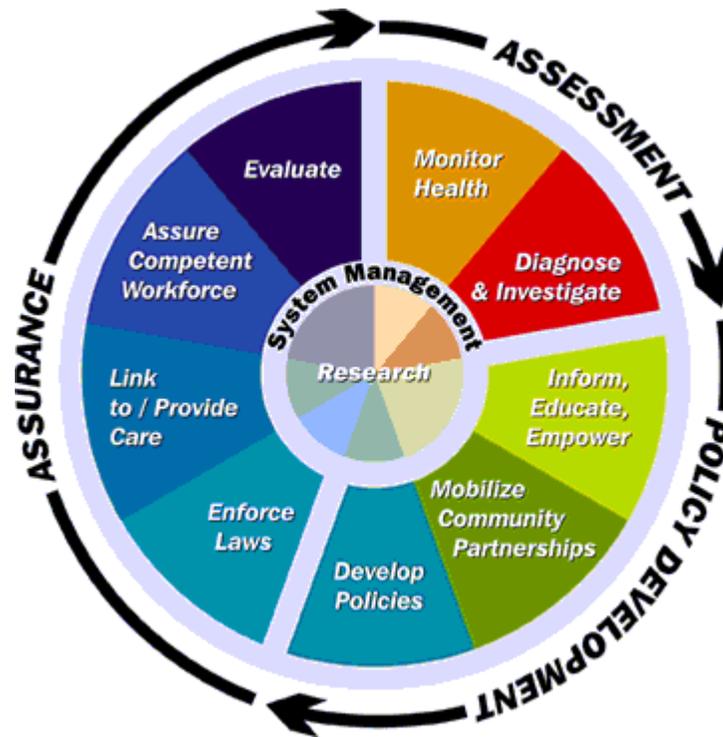


Figure 1: The Core Functions of Public Health and the Ten Essential Public Health Services

Of the ten Essential Public Health Services (EPHS) defined by the Core Public Health Functions Steering Committee in 1994, which elaborated on the three core functions identified by the National Institute of Medicine in their 1988 publication, *The Future of Public Health*, team Code Blue focused on EPHS # 8. This service charges public health officials with assuring a competent public and personal health care workforce.³ The public health workforce must be able to meet the community’s needs for public health services. In fact, the ability of the public health system to perform the essential public health services depends upon the capacity of a public health staff to deliver those services.

This project builds upon the many existing efforts and strategies for promoting a competent workforce. As much data exists, often it can become overwhelming to a leader, especially a new public health leader. This project serves to link these leaders with the data that is imperative for keeping the pulse of their organization, program or department.

Research conducted during this project identified various data needs along with the appropriate data source. This resource guide lists these data sets and also details how the data may be used at the local level. As an avenue to enhance the knowledge and promote the development of our public health leaders, this project directly affects the ability of the local health departments to provide assessment, assurance and policy development. It is

imperative that these leaders are able to assure that services meet program requirements, that employees are being fiscally responsible, that patient needs are being met, etc. This project will assist public health leaders in these efforts.

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

Objectives:

- Identifying gap: lack of awareness of available program data during initial learning period for new local health department(LHD) leaders
- Assuring LHD leaders have access to meaningful data for effective evaluation of programs, increased efficiency, knowledge and establish competent public health workforce

Deliverables:

- Increase LHD leaders' access, knowledge and use of available data.
- Support EPHS #8, to assure a competent public health workforce.
- Increase collaborative partnerships with key stakeholders.
- Create and distribute a resource guide that outlines available data by various LHD leadership positions.

METHODOLOGY:

The Code Blue Team chose the development of a Resource Guide to be used by new Public Health Leaders. This guide would provide LHD leaders a better understanding of the ability to access reports and data for various programs. During the early stages of project development, the team decided a survey would be a useful tool in obtaining necessary information to develop the Resource Guide. To begin this process, an application was submitted to the University of Kentucky Institutional Review Board (IRB) and Cabinet for Health and Family Services IRB. Upon proper submission, approval was received from both agencies to proceed with the survey. A survey was formulated to identify key reports needed for daily operation. This survey was developed using Survey Monkey and distributed via electronic mail to current LHD leaders across Kentucky.⁴

After dissemination of the survey, a total of 122 responses were collected from various LHD leadership positions. Survey responses identified and confirmed that LHD leaders are often not aware of the necessary data to help steer the department and monitor progress. Survey data was compiled along with qualitative information from various key leaders. Rather than creating an exhaustive list of all available reports, the overall goal

was to create a concise resource tool. The resource guide includes listings, descriptions and daily operational use of reports identified by LHD leaders.

RESULTS:

Through extensive research and analysis of survey results, the Code Blue Team developed a LHD Leaders Resource Guide that will assist LHD leaders in program operations. This resource guide provides a listing of reports that are generated daily, weekly, monthly and quarterly, and includes a brief summary of the data contained in the reports. The guide is categorized by each program area including: Director, HANDS, Clinic, Financial/Administrative, Home Health and Environmental.

This resource guide was shared with the Department for Public Health to promote use of this document by LHD leaders, through incorporation with new leader orientation process and possible inclusion in Administrative Reference (AR). If included in the AR, future updates would be incorporated and shared with all LHD leaders on a continual basis.

CONCLUSIONS:

Initially, our focus was to develop a resource guide for new public health leaders. This thought was based on some of our team's new leaders and the struggles that they had experienced. As our group met throughout the year, it was determined that this guide could be utilized by any public health leader. This was identified through our survey of all local health department leaders. The results proved that the variety of leadership presently in place had different ideas of what reports were important.

The development of this resource guide will be a tool in which any local health department report can be identified and located easily. Its purpose is not to replace any other orientation program but to be an additional resource. Team Code Blue hopes that this guide will remain an adjunct resource to the current orientation programs provided to any new public health leader.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Barbara Turner

This past year as a KPHLI scholar has been a challenging year for me, especially with other public health "emergencies", (H1N1), consuming so much time. However, through it all, I have been challenged to seek out ways to be a stronger leader. I think this has happened through networking with others in the public health community and also realizing how intricate we all relate to one another. This year we have had not only local and state health department scholars but also corrections and other employees of public programs. I believe this has strengthened all of our understanding of whom and what is a part of the public health system. As I reflect on the outcome of my personal assessments, I can see that they provided specific insight into my strengths and weaknesses. My discussion with Erin about my Individual Development Plan proved to me that I am on the right track in developing my leadership skills further. From the beginning our large Change Master Project team seemed to be a cohesive unit. Although we are spread out

over 5 counties, we have managed to stay connected from day one through numerous emails and four on-site group meetings at our local health departments. We have dealt with our conversations with respect and acknowledgement of each other's vast knowledge to gradually develop a project we feel is worthy and worthwhile. Our chosen project was an easy pick for most of us because we were relatively new leaders in a new health department setting and at times we have all felt lost. Our project will hopefully minimize these issues with other new leaders in the same situation. Overall, I feel privileged to have been given this opportunity to become a KPHLI scholar and fellow and look forward to using my newly learned skills in the future.

Billie Dyer

As a KPHLI scholar, I have learned many things from my experience. One of the most valuable components has been the time involved with our team. Although, it has been a challenging year for me with my agency transitioning to electronic medical records and centralized billing, what I have learned this year has been invaluable to me. Through the assessment instruments, I have been able to look more thoroughly at my strengths and weaknesses. I look forward to incorporating what I have learned to continue to improve and develop my leadership skills.

Brandon Hurley

KPHLI has allowed me to reflect on myself and provided the opportunity for leadership growth, something I strive for. Overall the program has been very beneficial to my personal growth and also provided tools that I may use to help others grow in their leadership. Not many programs can offer this type of personal development and I honestly believe the process has improved my leadership.

The time spent working among our team was also extremely valuable. The relationships built during this process will last beyond this program and work to allow better collaboration and leadership support in the future.

Deborah Bridges

My experience in KPHLI this past year has been not only rewarding professionally but personally as well. I have enjoyed working with my Change Masters Project team (Code Blue) and have much respect for their dedication to public health. We have worked extremely well together and I feel very fortunate to have been apart of their team. I am extremely proud of our Resource Guide that we have developed and think that it will be a useful tool for the new LHD leaders. KPHLI staff were helpful in the development of my leadership and interpersonal skills. The assessment feedbacks have been very beneficial by identifying areas of strengths and weaknesses that I will continue to work on. I encourage anyone in the public health field to attend KPHLI if anyway possible. At this time, I would also like to extend a special thank you to our mentor for all his support during this year and also to my Director, Assistant Director, Branch Manager and Section Supervisor for allowing me to participate in this great learning experience.

Marci Flechler

When I initially decided to apply to participate in KPHLI I did it with the intention of learning new ideas and methods in managing staff and to expand on my understanding of Public Health Leadership. I have taken away so much more! Although I have been presented with many challenges I truly appreciate the opportunity to participate as a KPHLI scholar. I have had the pleasure of meeting and working with a wonderfully diverse group of people on my “Code Blue” team. I feel I have benefited as much from my team mates as I have from the course curriculum. The relationships formed during this time have provided wonderful support which is so needed when working in a supervisory role. I found the Individual Development piece key in learning to better manage others. Having a self awareness is critical in being an effective leader. My personal plan is to continue to grow in my leadership process through utilizing the Learning Organization concept and other valuable KPHLI curriculum content within my workplace.

Renee Durr

My participation in the Kentucky Public Health Leadership Institute over the past year has been a valuable experience. As a new leader at the LHD level, I came in to KPHLI with the desire to become an effective leader. Through the feedback instruments and personal assessment tools, KPHLI has enabled me to explore my own capabilities and to focus on my strengths and to improve upon my weaknesses. Through this self-evaluation process, I have become more aware of the areas in which I need to grow and ways that I can accomplish this. This insight has helped me to develop not only professionally, but personally as well, and will continue to benefit and challenge me in the future.

I also feel that the Change Master Project itself, and working with a team with one focus has been rewarding. I have not only gained in the experience itself of working toward a particular goal with a team, but I have gained valuable friendships as well. Networking with other individuals who have daily challenges as a leader in very similar situations has proven to be a great asset to the entire KPHLI process.

Valerie Hudson

The experience of the Kentucky Public Health Leadership Institute has provided me many opportunities for development. It has been trying and challenging, but a tremendously rewarding and a constructive year. The project work has not only provided the opportunity to improve a component of public health but has also allowed us to work in teams. Teamwork and collaboration is essential to the success of our health department programs in our communities. Additionally, during the KPHLI process, scholars are allowed to build relationships with others from across the state and across the disciplines. Networking strengthens our resource base and positions scholars to learn from and with others; experiences. Finally, KPHLI has allowed me to look inward at my own skill sets, strengths and areas for growth. This professional self exploration creates awareness. That awareness will hopefully allow for personal growth and development.

REFERENCES

1. *Administrative Reference for Local Health Departments*. Kentucky Cabinet for Health and Family Services. Kentucky Department for Public Health. 9 September 2009. <http://chfs.ky.gov/dph/Administrative+Reference.htm>
2. *Public Health Practice Reference (PHPR)*. Kentucky Cabinet for Health and Family Services. Kentucky Department for Public Health. January 2010.
3. *10 Essential Public Health Services*. Centers for Disease Control and Prevention. Office of the Chief of Public Health Practice and National Public Health Performance Standards Program. 15 October 2008. <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPublicHealthServices.htm#es1>
4. *Survey Monkey*. <http://www.surveymonkey.com>

SPECIAL THANKS

Local Health Department Leaders

Team Members Co-workers and Supervisors

KPHLI Mentors and Instructors

David Dunn, M.P.H., Sc.D., R.S., Western Kentucky University

Kentucky Department for Public Health

Madison County Health Department
Marty Hensley, Information Manager
Otto Rieck, Regional Training Coordinator

Appendix



Office of Research Integrity
IRB, IACUC, RDRC
315 Kinkead Hall
Lexington, KY 40506-0057
859 257-9428
fax 859 257-8995
www.research.uky.edu/ori/

EXEMPTION CERTIFICATION

MEMO: Erin Louis, MPH
212C College of Public Health,
0003
PI phone #: (859)218-2061

FROM: Institutional Review Board
c/o Office of Research Integrity

SUBJECT: Exemption Certification for Protocol No. 09-0630-X6B

DATE: August 31, 2009

On August 27, 2009, it was determined that your project entitled, *CODE BLUE: We're Dying to Know!*, meets federal criteria to qualify as an exempt study.

Because the study has been certified as exempt, you will not be required to complete continuation or final review reports. However, it is your responsibility to notify the IRB prior to making any changes to the study. Please note that changes made to an exempt protocol may disqualify it from exempt status and may require an expedited or full review.

The Office of Research Integrity will hold your exemption application for six years. Before the end of the sixth year, you will be notified that your file will be closed and the application destroyed. If your project is still ongoing, you will need to contact the Office of Research Integrity upon receipt of that letter and follow the instructions for completing a new exemption application. It is, therefore, important that you keep your address current with the Office of Research Integrity.

For information describing investigator responsibilities after obtaining IRB approval, download and read the document "PI Guidance to Responsibilities, Qualifications, Records and Documentation of Human Subjects Research" from the Office of Research Integrity's Guidance and Policy Documents web page [<http://www.research.uky.edu/ori/human/guidance/htm#PIresp>]. Additional information regarding IRB review, federal regulations, and institutional policies may be found through ORI's web site [<http://www.research.uky.edu/ori/>]. If you have questions, need additional information, or would like a paper copy of the above mentioned document, contact the Office of Research Integrity at (859) 257-9428.



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
INSTITUTIONAL REVIEW BOARD
275 EAST MAIN STREET, 1E-B
FRANKFORT, KENTUCKY 40621-0001
(502) 564-5497
FAX (502) 564-9523
IRB00005487 FWA00003302
WWW.KENTUCKY.GOV

JANIE MILLER
SECRETARY

October 8, 2009

CHFS-IRB-DPH-FY10-12

Erin Louis, MPH
Program Manager
Kentucky Public Health Leadership Institute
121 Washington Avenue, Room 212
Lexington, KY 40536

Re: Code Blue Research Project

Dear Ms. Louis:

Based upon the information submitted, the Kentucky Cabinet for Health and Family Services Institutional Review Board (CHFS IRB) staff has determined that your research project titled "Code Blue" meets the criteria for exemption and no further review is required. However, any amendment or modification to the protocol must be reported to the CHFS IRB and reviewed before being implemented to ensure that the protocol still meets the criteria for exemption.

This determination was based on the following Code of Federal Regulations exemption:

45 CFR 46.101(b)(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

If you have any questions about any of the above, please contact me at (502) 564-5497 x4102 or bob.blackburn@ky.gov.

Respectfully,

Robert L. Blackburn
CHFS IRB Administrator

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