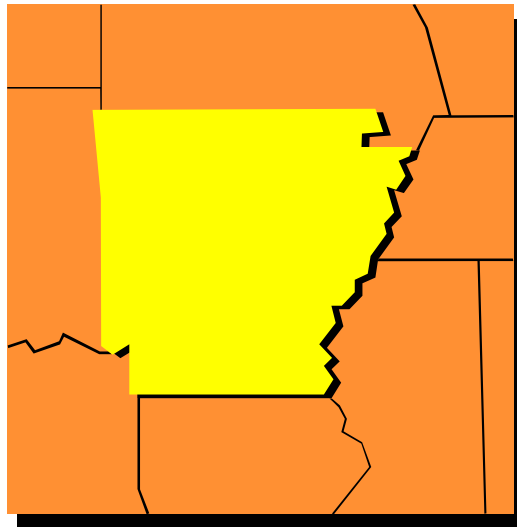


Arkansas Diabetes Prevention and Control Program

# PROCESS IMPROVEMENT PLAN

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*Arkansas Diabetes Advisory Council*



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2005-2006

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## **EXECUTIVE SUMMARY: ARKANSAS PERFORMANCE IMPROVEMENT PLAN**

The Arkansas Diabetes Prevention and Control Program (ADPCP) initiated the process to develop a Performance Improvement Plan (PIP) in early August of 2003. The process both required and received significant input to assess the Essential Public Health Services (EPHS) in Arkansas. The Arkansas Diabetes Advisory Council invited various partners to assist in the strategic planning process. The partners represented various disciplines and populations.

Diabetes is the sixth (6<sup>th</sup>) leading cause of death in Arkansas. Approximately 227,000 Arkansas adults have diabetes. Only 151,000 people with diabetes (7.4% of the state's population) have been diagnosed. Diabetes remains undetected and untreated in a large number of additional people. The Arkansas PIP, a supplement to the Arkansas Diabetes State Plan, will function as a precision tool to enhance the strategies of the ADPCP in reaching those additional undetected and untreated people, while bolstering improvement to the services already offered to people with diabetes.

### **The Arkansas PIP will primarily consider the following aims:**

Enforcement of laws and regulations  
Mobilizing communities to address health problems  
Developing policies and plans  
Linking people to needed personal health services

### **Strategies**

- Capacity Building Efforts
- Legislative Review
- Efforts to Strengthen Network Partnerships
- Additional Curriculum Training
- Increased Evaluation

The Arkansas PIP is a tool of practicality. It provides a closer look at the infrastructure of diabetes prevention and education in the state of Arkansas and identifies specific methods to strengthen that infrastructure. The Arkansas PIP will expand the ways in which Arkansas serves.

# **SECTION ONE: ARKANSAS DIABETES ASSESSMENT OVERVIEW**

## **1.1 Arkansas Diabetes Public Health System**

The Arkansas Diabetes Public Health System has a vibrant group of members who are part of the Arkansas Diabetes Advisory Council (DAC). Members include the general public, people who are actively involved in legislature, public health professionals, academic researchers, volunteers, and various funding agencies. They all work for one common goal – to reduce the burden of diabetes in the state of Arkansas!

In Fall 2003, based on CDC's recommendation, the Arkansas Diabetes Advisory Council assessed the state diabetes public health system. The assessment performance followed the guidelines set by the National Diabetes Assessment, Improvement, and Performance Standards (DAIPS). This assessment tool was based on the ten (10) Essential Public Health Services (EPHS).

### **Essential Public Health Services (EPHS)**

1. Monitor Health Status
2. Diagnose and Investigate Health Problems
3. Inform and Educate
4. Mobilize Communities to Address Health Problems
5. Develop Policies and Plans
6. Enforce Laws and Regulations
7. Link People to Needed Personal Health Services
8. Ensure a Competent Public Health and Personal Health Care Workforce
9. Evaluate Health Services
10. Conduct Research for New Insights

### **Assessment Goals**

- Improve Quality and Accountability of Public Health Practice
- Conduct Systematic Collection and Analysis of Performance Data
- Develop a Science-base for Public Health Practice Improvement

## 1.2 Assessment Methods

### • Assessment Tool

The Arkansas Diabetes Advisory Council utilized the assessment tool, *National Diabetes Assessment, Improvement, and Performance Standards*, developed by the Diabetes Council of the Association of State and Territorial Chronic Disease Directors as a template with which to conduct an assessment for the state of Arkansas.

### •Assessment Process:

The Diabetes Advisory Council members and partners were given both an explanation of the EPHS and an orientation to its components. Assessment participants were then divided into three (3) groups to assess the ten (10) EPHS. Group divisions were made by identifying and recruiting participants for each of the assessment groups based on participants' interests, skill level, and expertise. Each group focused on three to four assessment components of the EPHS. The group divisions and assessment focuses are listed below:

#### 1. Surveillance, Evaluation, and Research Group

- Monitor Health Status
- Diagnose and Investigate Health Problems
- Evaluate Health Services
- Conduct Research for New Insights

#### 2. Community Involvement Group

- Inform and Educate
- Mobilize Communities to Address Health Problems
- Link People to Needed Personal Health Services

#### 3. Health Policies and Regulations Group

- Develop Policies and Plans
- Enforce Laws and Regulations
- Ensure a Competent Public Health and Personal Health Care Workforce

Each EPHS measure was assessed using a series of questions. Two summary questions were asked to assess the percentage: (1) is this currently achieved by the Arkansas Diabetes Public Health System; and (2) is there direct contribution of the Arkansas Diabetes Prevention and Control Program to this component? The responses were plotted on a four-point scale (see page 5, *Figure 1*).

Once responses were collected, they were scored through a group consensus process, which prioritized the services from most critical to least critical. To promote a smooth process, facilitators were hired. (see page 7, *Development Process, 2.2*).

## 1.3 Results of the Assessment

*(Ranking based on assessment score)*

**Figure 1.**

1	2	3	4
0-25%	26-50%	51-75%	76-100%

1. Enforce laws and regulations (1.0)
2. Mobilize communities to address health problems (1.5)
3. Develop policies and plans (1.75)
3. Link people to needed personal health services (1.75)
4. Evaluate health services (2.0)
5. Conduct research for new insights (2.2)
6. Ensure a competent public health and personal health care workforce (2.25)
6. Inform and educate (2.25)
7. Diagnose and investigate health problems (3.0)
8. Monitor health status (3.6)

## **SECTION TWO: PERFORMANCE IMPROVEMENT PLAN (PIP)**

### **2.1 Partner Involvement**

The Arkansas Diabetes Prevention and Control Program has consistently worked closely with various partners across the state. The program convened and collected input from these partners to assess the essential public health services and develop the PIP. Partners provided their perspectives on the state of diabetes in Arkansas. The partners committed to participate in several work sessions to provide a comprehensive

assessment. Input was gathered from diverse populations and an array of organizational partners. See below:

### **Populations**

African Americans  
American Indians  
Asians  
Caucasians  
Hispanic/Latino Americans  
People with Diabetes

### **External Partners**

American Diabetes Association  
Anika Whitfield Podiatry  
Area Health Education Centers  
Arkansas Foundation for Medical Care  
Community Health Centers of Arkansas  
Little Rock School District  
Pleasant Valley Ophthalmology  
University of Arkansas Cooperative Extension  
University of Arkansas at Fayetteville  
University of Arkansas for Medical Sciences College of Public Health  
University of Arkansas for Medical Sciences Rural Hospital Program

### **Internal Partners**

5-A-Day Program  
Arthritis Program  
Cardiovascular Health Program  
Healthy Aging Coalition  
Hometown Health Improvement  
Statewide Services

## **2.2 Development Process**

In August 2003, the Diabetes Advisory Council (DAC) of the Arkansas Diabetes Prevention and Control Program (ADPCP) and vested partners initiated an assessment of the state's capacity to address the Essential Public Health Services (EPHS) as they related to diabetes. The Council members and their partners had experience working together on a prior statewide assessment, surveillance report, and state plan. The rapport developed during those processes was valuable in completing the EPHS diabetes assessment in 2003.

The DAC and partners relied upon multiple resources to begin the assessment. The process utilized an agency facilitator from the Arkansas Department of Health

(ADH), who had experience with facilitating ADPCP state planning meetings (and other chronic disease programs) and was familiar with the EPHS and current Arkansas Diabetes State Plan. Meetings for the assessment were held in conjunction with ADPCP Council meetings in an effort to reduce travel concerns and expenses for members and participants outside of Central Arkansas. In addition to seeking guidance from the DDT Project Officer, the DAC and partners utilized an assessment tool developed by the Diabetes Council of the Chronic Disease Directors as a template for the Arkansas Diabetes EPHS Assessment.

Moreover, the ADH Agency Strategic Plan was based on the EPHS. All ADH programs were offered training on the EPHS and performance-based standards and budgeting. The ADPCP staff attended these trainings. The Arkansas Strategic Planning Initiative for Results and Excellence identifies Key Areas of Performance essential to accomplish the mission of the agency. These areas mirror the EPHS.

In June 2004, the Diabetes Advisory Council and partners convened to discuss the results of the EPHS assessment. Since the DAC had garnered many new members by this time, the ADPCP epidemiologist reviewed (1) the purpose of the EPHS, (2) its process, and (3) the results of the assessment. The Council members and partners committed themselves to address the gaps and barriers identified in the assessment and initiated the process to develop the Performance Improvement Plan (PIP). The Council opted to schedule a one-day strategic planning session to develop the PIP. An external facilitator was hired to aid the process.

In August 2004, the DAC and partners convened again to discuss the results of the EPHS assessment. With assistance from the facilitator, the participants prioritized the ten (10) EPHS components from the most critical (lowest score) to the least critical (highest score). They, then, developed goals that primarily focused on the five (5) most critical EPHS components for the upcoming year. An additional meeting was arranged.

In September 2004, the DAC and partners convened again to further the process of the PIP. The process continued by developing goals, smart objectives, and action steps for each of the objectives. Also, a lead person/agency was assigned to each of the objectives outlined in the PIP. Participants were divided into three (3) assessment groups in order to efficiently address the EPHS. The results of each assessment group were verbally reported to the entire group. The facilitator collected all input and compiled it into the Arkansas Performance Improvement Plan. (Please refer to the *Appendix*, page 9.)

## **SECTION THREE: LINKING TO THE ARKANSAS DIABETES STATE PLAN**

The Arkansas Performance Improvement Plan (PIP) and the Arkansas Diabetes State Plan are currently two separate plans. The state plan outlines objectives and strategies that are specific to the Arkansas Diabetes Prevention and Control Program (ADPCP). The PIP focuses on improving the objectives and strategies for the overall State Diabetes Public Health System (SDPHS) in Arkansas. The ADPCP will integrate portions of the PIP into the Arkansas Diabetes State Plan.

An integration of select strategies from the PIP will strengthen the infrastructure of the SDPHS. The select strategies will be those for which the ADPCP has direct

(primary) and indirect (involved, but not primary) responsibilities. Strategies identified by the PIP for which the ADPCP has no responsibility will not be incorporated into the state plan. However, the ADPCP will provide technical assistance to those organizations responsible for the implementation of the unincorporated strategies.

**Strategies of PIP have been synthesized into three (3) ADPCP process objectives:**

- Diabetes Legislative Education  
(Educate Organizations Responsible to People with Diabetes)
- Arkansas DEEP Initiative  
(Expand Community Outreach Efforts to Teach Populations about Self-Management and Prevention)
- Arkansas Health Status Monitor  
(Strengthened Commitment to Annually Monitor Prevention Techniques)

The ADPCP will expand the usefulness of the PIP by ensuring that it is disseminated to appropriate stakeholders. Stakeholders will be engaged in dialogue to discuss the PIP's implementation into the state plan and propose any necessary revisions. The plan will be reviewed at least annually to ensure that it maintains a modern focus.

## APPENDIX

### ARKANSAS PERFORMANCE IMPROVEMENT PLAN

GOAL I: Council will understand Arkansas and federal laws and regulations that could affect addressing diabetes.

Objective	Action Step	Due Date	RESPONSIBLE AGENCY
1. Develop a plan to review current laws.	1. Contact experts in the area of law and medicine that could discuss the issues affecting diabetes. Provide names of experts to ADPCP.	January 2005	ADA / AFMC
	2. The ADPCP will coordinate an informational meeting for the Diabetes Advisory Council. The meeting will feature the experts on law/diabetes identified in action step 1.	January 2005	ADPCP
2. Work with other agencies affected by the laws.	1. Identify other agencies within the state that are affected by diabetes and the existing laws.	March 2005	All Agencies

<b>Objective</b>	<b>Action Step</b>	<b>Due Date</b>	<b>RESPONSIBLE AGENCY</b>
	2. Create a resource list of these organizations.	April 2005	ADPCP
	3. Provide information to other organizations related to the information gained at the DAC meeting.	September 2005	All Agencies
3. Develop and implement a plan to educate others about laws.	1. Schedule a "Town Hall Meeting" that will include healthcare professionals, lay workers and people with diabetes. The Town Hall meeting will happen directly after the DAC informational meeting.	March 2005	ADA / AFMC / ADPCP / Dr. Whitfield's Office
4. Establish contact with the Governor's Office.	1. Invite a member of Healthy Arkansas to become a member of the Diabetes Advisory Council.	December 2005	ADPCP

GOAL II: Partner with local agencies/coalitions to promote awareness and education of diabetes.

<b>Objective</b>	<b>Action Step</b>	<b>Due Date</b>	<b>RESPONSIBLE AGENCY</b>
<p>Strengthen partnerships with existing networks:</p> <p>Hometown Health Improvement Area Health Education Centers Community Health Centers Minority Health Commission</p>	<p>1. A diabetes resource directory of partners will be created.</p> <p style="padding-left: 40px;">a. The ADPCP will gather a list of all diabetes-affiliated groups and organizations statewide.</p> <p style="padding-left: 40px;">b. The ADPCP will print and distribute the directory to all HHI coalitions, private and public organizations, and to diabetes consumers.</p>	<p>March 2006</p>	<p>ADPCP</p>
	<p>2. Current diabetes partners will have meetings, as appropriate, on a quarterly basis. Meetings to be rotated throughout the state. Share new diabetes projects and activities.</p>	<p>March 2006</p>	<p>ADPCP (a) All Members (b)</p>
	<p>3. The DEEP curriculum for professional will be utilized in a partnership with the Community Health Centers of Arkansas. The CHC CQI Managers will organize training dates. ADPCP will become trained on DEEP (Diabetes Education Empowerment Program) curriculum.</p>	<p>March 2006</p>	

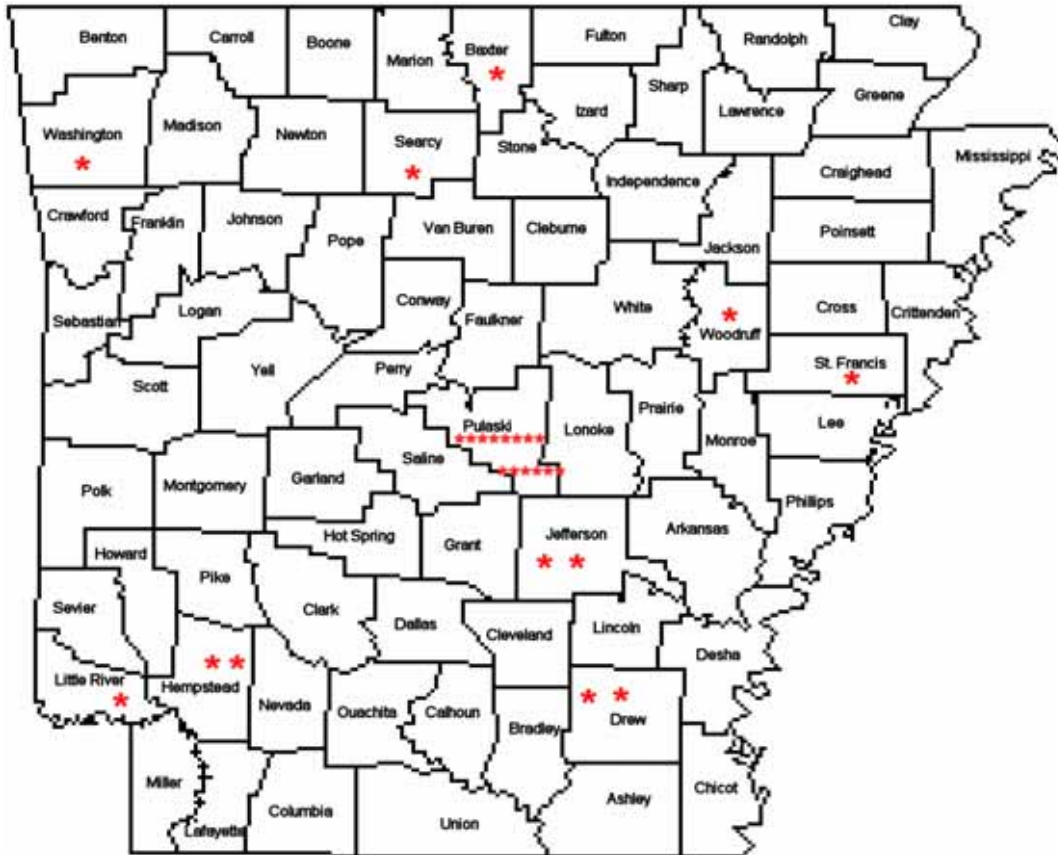
GOAL III: Annual monitoring and evaluation of the health status of the population.

Objective	Action Step	Due Date	RESPONSIBLE AGENCY
1. Evaluate the State Plan/Performance Improvement Plan	a. Develop an evaluation plan Identify the indicators to evaluate by January 2005. Determine the organization responsible for each indicator by January 2005.	March 2006	Univ. of Arkansas at Fayetteville
	b. Each responsible organization will send a written report (due May and September 2005) on their respective indicators to the Diabetes Advisory Council.		
	c. Collect the data and create a final annual report.		
2. Evaluate health services and the health status of the diabetes population in Arkansas.	a. Identify the professional health services to be evaluated.	January 2006	ADPCP
	b. Develop an appropriate evaluation plan for each identified professional health service.	January 2006	

Objective	Action Step	Due Date	RESPONSIBLE AGENCY
	c. Collect the data.	May 2005	ADPCP
	d. Identify the gaps in the professional health services.	September 2005	
	e. Create a written report for the Diabetes Advisory Council on the professional health services available.	March 2006	
	f. Identify the non-professional health services to be evaluated.	June 2005	
	g. Develop an appropriate evaluation plan for each identified non-professional health service.	June 2005	
	h. Collect the data.	September 2005	
	i. Identify the gaps in the non-professional health services.	September 2005	
	j. Create a written report for the Diabetes Advisory Council on the non-professional health services available.	March 2006	

Objective	Action Step	Due Date	RESPONSIBLE AGENCY
3. Re-evaluation of the Council membership.	a. Evaluate involvement of existing member. i. Identify existing members. ii. Review participation of existing members.	January 2005 (Annually)	Hometown Health
	b. Evaluate diversity of existing council membership. i. Identify existing members. ii. Identify diversity of existing council membership.	January 2005 (Annually)	
	c. Identify gap in existing membership.	May 2005	
	d. Identify the responsible person(s) to recruit new members to the council.	August 2005	
4. Evaluate types of resources being used, including funding.	a. Identify the existing resources of the council. i. Develop a survey to identify existing resources of the council by January 2005.	May 2005	ADPCP
	b. Identify the partners of the council (see Goal II action steps)		

<b>Objective</b>	<b>Action Step</b>	<b>Due Date</b>	<b>RESPONSIBLE AGENCY</b>
	c. Identify the resource gaps that exist in the council.	August 2005	
	d. Send a written report detailing the existing resources and the gaps to the Diabetes Advisory Council.	March 2006	



Diabetes Council Members are represented in red in the above counties

The Arkansas Diabetes Advisory Council created this document.  
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