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A SCAN OF PROGRAM EVALUATION AT THE HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES

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This article describes a project designed to build on the existing relationship between The University of Texas School of Public Health (UTSPH) and the Houston Department of Health and Human Services (HDHHS) to develop an active and participatory academic health department. Both organizations agreed that a partnership strengthens public health practice in the city and that the time has come to harness the strengths of each entity and partner to enhance public health practice in the city. Furthermore, the mission and values of the UTSPH and HDHHS complement each other and provide guidance for such a partnership, especially as it pertains to the three main functions of public health: (*1*) assessment of the health and well-being of the community; (*2*) development of initiatives to improve health, reduce risks, and reduce injuries and disabilities; and (*3*) ensuring that these initiatives are applied as intended and are effective.

Several Institute of Medicine (IOM) reports and Practice Coordinators' Council of the Association of Schools of Public Health (ASPH) reports have called for better linkages between academic and governmental public health institutions. One specific recommendation from the 1999 ASPH report is relevant to this project: "establish and enhance linkages with practice-based and community sector partners, which will cement channels for interaction and increase the capacity of each to accomplish their missions."[1]

Given the complementary missions of the two entities and previous successful activities together, the scan of program evaluation activities within HDHHS provided a unique opportunity for the two entities to explore and formalize a long-term working relationship. It is expected that the proposed project will increase the capacity of each institution to carry out their missions. Acknowledging the need for clear agreement and understanding regarding expectations, capabilities, and deliverables, the HDHHS and UTSPH use the Community Campus Partnership for Health Principles of Good Community-Campus Partnerships as the foundation for their joint efforts.[2]

Until the budget year 2005, HDHHS had provided services as required of a local public health department. In fiscal year 2005, the department began the outcome-based budget process with the implications that HDHHS provide services or programs that would meet the needs of its clients or customers. The department surveyed stakeholders, including clients and staff, to identify and rank programs for implementation. Following this prioritization process, budget allocations were made to reflect community needs as much as possible. Subsequently, the incorporation of regular program evaluation will increase the value of programs by guiding program implementation and process improvement efforts.

Secondly, soon-to-be-voluntary accreditation of local health departments makes it necessary for the department to increase the evaluation of its programs. This article describes the collaboration between UTSPH and HDHHS to develop a system of regular evaluations for all programs.

HDHHS BACKGROUND

The HDHHS, a division of the municipal government of Houston, Texas, is the public health authority for the fourth-largest city in the United States. The HDHHS is the largest of the area's local health departments. For approximately the last 130 years, the HDHHS has provided a full spectrum of public health services to residents throughout the city.

The department offers local disease surveillance and prevention activities, preventive health-care treatment for selected diseases, and a wide range of environmental services and enforcement of public health city and state laws. The HDHHS functions as the health safety net for the City of Houston, providing health and social services to low-income residents from culturally diverse backgrounds. Preventive health services are offered at

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seven health centers located throughout Houston. In addition, HDHHS operates nine multiservice centers, containing agencies that offer a variety of programs and services. HDHHS also provides Houstonians with birth and death certificates, a food-protection training program for restaurants, animal regulation, and the largest Women, Infants, and Children program in Texas, and is the administrative agency for the Houston/Harris County Area Agency on Aging.

Organizationally, the department consists of five divisions: Disease Prevention and Control, Environmental Health, Neighborhood Services, Surveillance and Public Health Preparedness, and Administrative Support Services.[3]

UTSPH BACKGROUND

UTSPH is part of The University of Texas Health Science Center at Houston (UTHSCH) and is located in the Texas Medical Center. Established in 1967, it is one of three accredited schools of public health in the state and one of 37 in the nation. The school offers master's and doctoral degrees in public health disciplines. To broaden its training of public health professionals for the state of Texas, the UTHSCH School of Public Health (SPH) operates master's of public health programs in the following cities in Texas: Austin, Dallas, San Antonio, El Paso, and Brownsville.

Preventing disease and injury and promoting good health through education, research, and service is the role of the UTHSCH SPH. The various disciplines within the UTHSCH SPH combine to address myriad public health issues, from violence to chronic disease, seeking to improve the lives of individuals through the community at large.

PUBLIC HEALTH IN TEXAS AND HOUSTON

In Texas, it is estimated that less than 15% of the current public health workforce have the training required to be categorized by the IOM as public health professionals. While the national mean is only slightly higher at 20%, Texas also has fewer physicians, physician's assistants, registered nurses, nurse practitioners, dentists, and mental health workers per capita than the nation as a whole.[4]

A review of health status data reinforces the need for a better-trained public health workforce in Texas. Texas is above the national mean for the percentage of the population that indicates they are binge drinkers, overweight, have been diagnosed with diabetes, or have been diagnosed with high cholesterol. Of the 254 counties in Texas, only 140 counties have their own health departments; the others are served by state/regional health departments.[5] Additionally, 180 Texas counties are considered medically underserved areas, with another 47 counties receiving a partial designation.[6] Recently reported data from the KidsCount project indicated that the percentage of children in Texas who had been immunized decreased from 78% in 2003 to 75% in 2004;[7] only Nevada faired more poorly.[8]

In a report published in January 2006 regarding the health of Houston and Harris County, four priorities and concerns were identified:

- Too few children were completely immunized.
- Too few residents had health insurance, resulting in overuse of emergency rooms and escalating costs because of delays in seeking medical assistance.
- There were too many obese residents.
- There was evidence of racial disparities in health and health care.[9]

METHOD

HDHHS has no catalog of programs, so we used our budget system to develop a list of programs. The respective program managers and bureau chiefs were contacted first by e-mail, then by telephone, and lastly in person to schedule interviews. A team of UTSPH and HDHHS staff developed, pilot-tested, and approved a 15-item questionnaire for use. The questionnaire included logical (yes/no) and open-ended questions. To capture information on program evaluation, program managers/bureau chiefs were asked the following questions:

- Which of the department's priority(ies) does your program address?
- What are the objectives of your program?
- How would you describe your program?
- Do you do evaluations for your program?
- How did you use the evaluation results?
- Why did you evaluate your program?
- If you have not done an evaluation, do you see a need for one? Why?
- Would you support an evaluation of your program?
- Who would you like to evaluate your program?:
  - — Yourself
  - — HDHHS Health Planning & Evaluation
  - — UTSPH (student interns)
  - — Other (please specify)

Interviews were conducted jointly by HDHHS and UTSPH staff from late March to mid-May 2006. Each interview lasted approximately 45 minutes. Data entry and analysis were done in Microsoft® Excel.[10]

RESULTS

Response rate

After an average of three attempts to schedule interviews, 71% of program managers/bureau chiefs (20 of 28) agreed to be interviewed. Program managers or bureau chiefs who did not respond after the third attempt were excluded from this survey.

Support for program evaluation

An overwhelming majority (90%, or 18/20) of the program managers/bureau chiefs wanted their programs routinely evaluated. They further indicated their willingness to provide support staff and funds for evaluation. HDHHS managers indicated they would seek to add value to their programs and services through evaluation. Two program managers (10%, 2/20) who asked for a "hold-off on program evaluation" explained that they were either restructuring or that they offered support to other programs and therefore did not directly generate data to support program evaluation. For example, the Office of Public Affairs uses data from other programs but doesn't collect data.

Status of program evaluation

At the time of the interviews, more than half of HDHHS programs (55%, or 11/20) were evaluated regularly. The remaining 45% of the programs did not conduct regular program evaluations.

Why programs are evaluated or not evaluated

Program managers who performed regular program evaluations did so as part of program audits or grant requirements. The reasons for not conducting program evaluations included: no such requirements from funding sources, lack of budgetary allocations for program evaluation, unskilled staff, and program restructuring.

Funding sources and program evaluation

Programs in this study were supported with funds from three main sources:

(*1*) City of Houston general funds (45%)

(*2*) Combination of general funds and grants (private and public) (35%)

(*3*) Grants (private and public) (20%)

Uses of evaluation results

Responses to the questions "How did you use the evaluation results?" and "Why did you evaluate your program?" were categorized under three common themes. These themes and their corresponding responses were:

- Assessing program impact/effects
  - How beneficial are our efforts?
  - How much of a difference are we making in securing safe housing for low-income families?
  - Have we set the right goals?
  - Are we serving the appropriate populations?
- Improving process or practice
  - We will streamline services because our budget keeps being cut.
  - We need to document processes and outcomes.
  - We want to find out if we are using effective models or best practices.
  - We could use this as a basis for reallocating funds to contractors.
- Building or improving capacity
  - Increase some services that are needed.
  - Determine the level of care we provide our clients.
  - Develop and establish trends.
  - Help us compare ourselves to others or even lead to the establishment of benchmarks.

Support for collaboration

Seventy-five percent (15/20) of the managers interviewed wanted their programs evaluated by a team of evaluators from UTSPH and HDHHS, while others wanted to be evaluated either by UTSPH (10%), HDHHS's Office of Health Planning and Evaluation (10%), or an external consultant (5%).

DISCUSSION

We had a higher than expected response rate from program managers. Programs are primarily evaluated only when the funder requires evaluation. However, most bureau chiefs indicated they would like to have their programs evaluated routinely and believed a team effort between UTSPH and HDHHS would be the most effective means.

Many reasons to evaluate programs within HDHHS were identified. Program managers wanted to know if

they were making a difference. They wanted to know if they had the right goals and if they were serving the right populations. Managers were also interested in improving practices, streamlining services, or reallocating funds if necessary. Finally, managers were interested in building or improving capacity in their units, and comparing themselves to benchmarks. After the results were compiled, a PowerPoint presentation was made to the upper management at the HDHHS and to the practice council of the UTSPH.

With the advent of best practices, there is a growing emphasis on the use of data to drive decisions regarding public health practice. Expectations about the use of data to improve programs are high in the public health community. It is a strength that the HDHHS management acknowledged the need to conduct public health differently. Consistent impact evaluations would help department administrators answer practical questions regarding programs. Regular evaluation reports could routinely inform administrators. However, impact evaluations are not a routine activity of the department and most managers have not incorporated an evaluation process into their programs.

We must be conscious of the fact that evaluation may not be a high priority for personnel constantly being reminded about potential budget constraints. Because evaluations are not considered a typical activity, there is a need to find ways to make evaluations value-added and an integral part of all programs. All current and new programs need to include evaluation as part of the budget.

During our interviews, program managers expressed strong enthusiasm for evaluating their programs. This level of support from program management did not appear to be tied in with practice. For example, we selected a program based on the expressed acknowledgment by the bureau chief of the importance of evaluation and the assured availability of data. An initial meeting was convened and attended by the bureau chief, database manager, and two program staff. Data were promised to answer specific evaluation questions. Although there were additional meetings, the data have not been released. There were probably many reasons for this occurrence, including the fact that the database manager was not present when the bureau chief committed to the completion of evaluations.

BARRIERS TO COLLABORATION

Several years ago, Rowitz[11] identified 10 barriers to academic and practice collaboration. Five of the practice barriers help explain lack of progress in completing a program evaluation with this preselected group.

Lack of training in academic public health

While most of the administrators at the HDHHS are formally trained in public health, most of the program staff are not trained public health practitioners. It is estimated that approximately 15% of the public health workforce in Texas is trained in public health. This may be true of the department as well. To address this gap, the UTSPH and HDHHS are exploring the development and implementation of a series of evaluation-specific workshops. New courses are probably not necessary, as several Public Health Training Centers have developed such workshops. Sustained follow-up for participants will be an integral part of any workshop offered. We expect this effort to be long term as we acknowledge that both individuals and organizations must want to improve and enhance their programs before substantial changes in capacity can occur.

Need to control and generalist approach with bureaucracy first

These two barriers may explain some of the behavior we observed. The database manager seemed to be threatened by the request for specific data items. For example, when queried about specific data items and their relationship with other data items that had been described to us previously, it was reported that the data would be available within a few weeks. Finally, we were called and told that the database was not complete. We started with something we perceived as manageable and after several attempts and an extended period of time, we still had no product.

Crisis time philosophy

Standard reporting schedules was the explanation given for nonresponse to our data requests. We need to better understand how evaluation can be considered a routine activity or a standard report.

Lack of leadership development

Until now, we have been working with bureau chiefs and managers but we perceive that to promote a supportive environment for evaluation, we must work with database managers and frontline workers to ensure that the release of data will add value to their programs. The workplace promotes best practices; however, there is a perceived hierarchical system that does not allow the open sharing of information. Perhaps our competency-based workshops will help database managers better understand the importance of their role in program evaluations. These capacity-building workshops will build on the support demonstrated throughout the department.

FUTURE INITIATIVES

With a better understanding of the challenges ahead, the UTSPH and HDHHS have a renewed commitment to an academic public health partnership. We expect to implement the evaluation workshops this fall and have started to compile an inventory of HDHHS needs and UTSPH faculty expertise. This research will result in better programs, better understanding of what works, better research, and better public health practice in Houston.

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