# Appendix A

# APPENDIX A

***DETAILED SURVEY METHODOLOGY***

**Introduction**

In June of 2003, a sample of staff from local public health departments and state agency accreditation reviewers responded to an on-line survey developed by the entire membership of AQIP, and fielded by the Center for Collaborative Research at the Michigan Public Health Institute. The raw sample was 194, from which 14 null respondents were deleted. The final sample size was 180. Of the 180 respondents, 19 were state agency accreditation reviewers, the remaining 161 respondents were local public health department staff. The survey (see Appendix F, below for the entire survey), combined close-ended, 5-point Likert scale questions and open-ended questions, across the following topics:

- Self-assessment process
- On-site review process and report
- Corrective Plan of Action process
- Accreditation tool
- Technical assistance
- Accreditation process
- Accreditation Peer Support Network (proposed entity)
- Best Practices directory (proposed resource)
- Need for training
- Accreditation Commission
- Michigan Public Health Institute
- National Public Health Performance Standards (proposed addition to accreditation)
- Local public health department medical directors

## General Methodological Comments

- Initially 194 respondents, however, we removed from analysis 14 respondents who did not answer any questions.

- Final N = 180, 19 reviewers and 161 LPHDs

- Six respondents had no I.D., but completed the survey. Based on the role (such as health officer, health director) provided in the demographic section, we included these 6 in the health department cut. Also, due to the lack of ID number, they are not included in the chart.

- Did not include examples of 'other' on demographic slide for reviewers, as there were 3 respondents who indicated 'other' and providing their response would

enable a knowledgeable observer to identify exactly who each of these respondents were.

- The updated chart (see Appendix J) provides a reference for what LPHDs completed the survey and how many respondents per LPHD.

- There was one LPHD respondent that elected to not answer any questions until the medical director section. This accounts for the 1 'no response' for most of the LPHD response slides.

- The open-ended responses were edited for spacing, missing punctuation and incorrect spelling, but no edits on content were made. Abbreviations, acronyms and the use of all caps for emphasis remain as contained in the original responses. In some cases where a word appeared to be missing, a possible guess at the missing word was placed into the response. These have all been italicized and placed in brackets {*xxx*}.

## Quantitative Data

The following is a list of analyses conducted on the close-ended responses from the AQIP Survey.

**NOTE: There was remarkably little variation in the number of non-responses to the close-ended questions, and the number of non-responses did not decrease until very near the end of the survey. Even then, the increase in non-responses was minimal, considering the length of the survey and the total number of respondents. This suggests a great deal of interest and dedication to the completion of this survey by the respondents, which suggests that the respondents are strongly interested in seeing the results of the survey, as well as seeing some actions taken based on the interpretation of the results of this survey.**

1. Present responses to all questions by all respondents in graphical, bar chart format. (See Appendix B.)
2. Present responses to all questions by LHD respondents in graphical, bar chart format. (See Appendix C.)
3. Present responses to all questions by Reviewer respondents in graphical, bar chart format. (See Appendix D.)
4. Assess if there is significant variation by LHD Accreditation status. (See Appendix C, Demographics slides.)
   **THERE WAS NO SIGNIFICANT VARIATION.**
5. Assess if there is significant variation among LHDs by number of respondents. (See Appendix C, Demographics slides.)
   **THERE WAS NO SIGNIFICANT VARIATION.**
6. Examine trends in self-identification by frequency of answers to open-ended questions. (See Appendix C, Demographics slides.)
   **TRENDS WERE AS ANTICIPATED.**

## Qualitative Data

Large amounts of qualitative data have been collected through this survey. A coding scheme was developed to be applied to this qualitative data, in order to group responses from each open-ended question, as well as to examine groups of responses across the open-ended questions. The application of a coding scheme is not intended to replace a process by which the AQIP members read each response, however, it does provide a level of analysis that enhances the interpretation of the qualitative data that is not possible through a simple reading of the responses.

No coding scheme can account for all appearances of different responses. Reading through the responses will yield a number of very specific comments that would be difficult to code, but are nonetheless valuable.

The following coding scheme is a set of variables for each open-ended question, as well as a set of common variables across all questions.

Handling "unresponsive" responses

There are two types of "unresponsive" responses in the open-ended responses from this survey.

The first type represent those responses that are not intended to answer the question posed for the open-ended response. When these occur, they are coded. However, if repeated occurrences of the same code occur from similar unresponsive responses, and the additional unresponsive responses are identified as coming from the same respondent, these are not coded. Not coding repeat occurrences of similar statements by the same individuals is done to prevent what would not occur had the responses been collected in persons: that is, not permitting the same person to have statements counted more than once as if these statements came from different individuals.

The second type represents persons who answer an open-ended question in a manner that demonstrates that the respondent does not understand the process/organization/situation related to that open-ended response. These responses are to be coded as C_COM, which represents that the process/organization/situation is poorly understood, and this is the result of poor communication between state agency and LPHD staff.

IF YOU WANT TO TRY YOUR HAND AT CODING THE VARIABLES

Each appearance of a variable would be counted as a one (1). Summing the total occurrences of each variable will provide a picture of the importance of the variable compared to other variables in each open-ended question, as well as across open-ended questions. These scores can also be compared to the results of similar variables in other close-ended questions.

Customary coding methods do not encourage coding the occurrence of multiple appearances of a single variable within a single response. However, the coding of the appearance of multiple variables in a single open-ended response is commonly accepted practice.

COMMON VARIABLE CODES AND FREE RESPONSE CATEGORY

C_COM: reference to the need for increased communication between state agencies/reviewers/Commission/MPHI and LPHDs. Includes references to the inability to gain timely access to reviewers to discuss questions concerning any step in the process.

C_SIC: Reference to slow or inconsistent time spans for communications between state agencies/reviewers and LPHDs.

C_LA$: reference to the need for the state agency(ies) to provide additional funding to LPHDs to support some Accreditation-related activities.

C_SA$: reference to the need for the MDCH to directly fund or conduct some new Accreditation-related activities.

C_LTR: reference to the need for training of LPHD staff for some Accreditation-related activities.

C_STR: reference to the need for training of state agency reviewers for some activity.

C_LAU: reference to low awareness/poor understanding of some Accreditation function/tool/Commission/MPHI.

C_LSA: reference by LPHD respondent supporting the idea that the Accreditation process, has a positive effect on LPHDs in general, or could be with some changes.

C_LSC: reference by LPHD respondent supporting the idea that some component of the Accreditation process, has a positive effect on LPHDs, or could be with some changes.

C_LNA: reference by LPHD respondent that the Accreditation process has a negative effect on LPHDs.

C_LNC: reference by LPHD respondent that some component of the Accreditation process has a negative effect on LPHDs.

C_LOR: reference to the need for an association of LPHDs (e.g. MALPH), or some common subset (e.g. MALEHA), to be more active/have more input/have control some aspect of the Accreditation process.

C_3RD: Need for third party to run all or some part of the Accreditation process.

C_CQI: Reference to need for quality improvement processes to be established for all or some part of the Accreditation process.

INDIVIDUAL QUESTIONS VARIABLE CODES

**Question SA4a**

S_USE: reference to the self-assessment process being useful.

S_UNN: reference to the self-assessment process being unnecessary.

S_INT: reference to the self-assessment being an internal LPHD planning document that should not be shared with state agencies/MPHI.

S_$$$: reference to the self-assessment process being costly to LPHDs.

S_CHA: reference to the difficulties of the self-assessment tool changing within a Cycle.

S_VAG: reference to the concept that the self-assessment process is vague/unclear/not containing enough detail.

S_CQI: reference to usefulness self assessment process for quality improvement.

**Question CPA4**

P_STF: reference to the need for a shorter time frame for the entire process.
P_USE: reference to the CPA process being useful.
P_UNN: reference to the CPA process being unnecessary.
P_SLC: reference to need for improved consultation/communication at any stage of the CPA process.
P_SRT: reference to the need for state agencies to respond faster and/or with more consistency in timing upon receipt of a CPA.
P_$$$: reference to the concept that the CPA process is too costly for LPHDs.
P_VAG: reference to the concept that the CPA process is too vague/unclear/not containing enough detail in order for LPHDs.
P_RIN: reference to reviewers being inconsistent (both intra and inter) at any point during a CPA process.

**Questions TA2 and TA4**

T_BPB: reference to the need to share best practices/boilerplate across LPHDs.
T_DUS: reference to belief that LPHDs don't use any TA services, or don't find TA services to be useful.
T_USE: reference to belief that LPHDs do use TA services, or find TA services to be useful.
T_TEC: reference to problems accessing/using the website as a result of some technical malfunction.
T_OUT: reference to information on the website being out of date.
T_HEL: reference to need for TA services to be oriented to helping solve problems and/or the belief that this is not so now.
T_UNA: reference to belief that LPHDs are unaware of TA services, or some component of these services.

**Question APSN**

A_LOR: reference to the need for an association of LPHDs (e.g. MALPH), or some common subset (e.g. MALEHA), to be more active/have more input/have control of APSN.
A_NEE: reference to need for APSN.
A_UNN: reference to APSN being unnecessary.
A_$$$: reference to belief that APSN would be too costly, and/or funded by state agency.

**Question BP4a**

B_NEE: reference to the need for a Best Practice directory.
B_UNN: reference to Best Practices directory being unnecessary.
B_$$$: reference for the need of the state to fund the Best Practices directory, not LHDs.

**Question Train 3a and 4a**

R_NEE: reference to the need for training in all categories.
R_UNN: reference to no need for further training.
R_REG: reference to the need for more frequent training.
R_REV: reference to the need to train reviewers.
R_COD: reference to the need for trainings to be consistent/and or more detailed.

**Question Comm4**

M_LHD: reference to need for more/or more responsive LPHD involvement in the Commission.
M_AWA: reference to not knowing of the existence of the Commission, or not understanding what the Commission does.
M_COM: reference to poor/slow communications between the Commission and LPHDs.
M_STA: reference to the need for broader representation of other stakeholders (e.g., PH nurses).

**Question MPHI4**

H_INV: reference to the need for MPHI should increase its involvement.
H_DEN: reference to the need for MPHI to decrease or end involvement.
H_AWA: reference to not knowing MPHI is involved, or not understanding MPHI's role.
H_COM: reference to need for better communication by MPHI to LPHDs.
H_MDC: reference to need for MDCH to directly control the process coordinated by MPHI.

**Question MD3**

D_AWA: reference to not understanding what Medical Directors do.
D_SUR: reference to why need for specific question on Medical Directors.
D_EST: reference to need for equal/consistent standards across the state.
D_UST: reference for need to have different standards across the state.
D_CON: reference to need for Medical Directors to have appropriate backgrounds/expertise for LPH programming.