

Texas Diabetes Public Health System Assessment

Prepared for:

**Texas Diabetes Program/Council
Texas Department of Health**

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Texas Diabetes Public Health System Assessment

EXECUTIVE SUMMARY

Background

In January 2003 the Centers for Disease Control and Prevention, Division of Diabetes Translation, directed CDC-sponsored state Diabetes Prevention and Control Programs to undertake a comprehensive assessment of the collective performance of their state diabetes public health systems. The basic framework for this assessment was to be the National Public Health Performance Standards developed under the auspices of the CDC. These standards are based on the ten Essential Public Health Services and focus on the public health *system*, defined as all public, private and voluntary entities that contribute to public health in a given area. System performance is assessed for each Essential Service using four indicators that reflect the status of the system: planning and implementation, technical assistance and support, evaluation and quality improvement, and resources. A model standard that describes optimal performance is associated with each indicator.

In November 2003 the Texas Diabetes Program (TDP) of the Texas Department of Health contracted with the University of Texas Health Science Center at Houston, School of Public Health, Center for Health Policy Studies, to carry out the state diabetes public health system assessment.

Methods

The assessment was carried out in two distinct phases. First, we constructed an inventory of entities involved in diabetes prevention and control. This was accomplished by (1) a postal survey of 129 potential partner organizations to determine whether or not they provide one or more of the Essential Services and (2) follow-up telephone interviews with 86 of the 101 partner organizations who responded to the postal survey. The purpose of the interviews was to elicit information, for each Essential Service, about the four indicators and their corresponding models standards. This work was carried out over a four-month period beginning in December, 2003. In the second phase we convened a statewide meeting of partner organizations to carry out a collective, face-to-face assessment of the performance of the state diabetes public health system. This meeting was held in April, 2004.

Results

The Texas Diabetes Program identified individuals associated with 129 potential system partner organizations. Contacts in 101 of the 129 organizations completed a postal survey instrument. Respondents were well distributed across the state geographically. Advocacy groups, state government agencies,

universities, health profession associations and health care providers accounted for nearly 80% of the organizations identified. Some organization types tended to concentrate on a few Essential Services. For example, health profession associations were most heavily involved in Essential Service 8 (Workforce), 5 (Policy) and 3 (Inform). Health care providers focused on Essential Service 7 (Link) and 3 (Inform). Other organization types reported involvement in many Essential Services. State government agencies, for example, were heavily involved in all Essential Services except 9 (Evaluate) and 10 (Research). Universities were involved in all except Essential Services 6 (Enforce) and 5 (Policy).

Project staff conducted telephone interviews in 86 of the 101 organizations in which postal survey respondents reported that their organization provided one or more Essential Service. We classified an organization as an Essential Service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator for each Essential Service. Eighty-four of the 86 organizations met this criterion. These interviews elicited information, for each Essential Service, about the four indicators and their corresponding model standards. The full report presents findings from the postal survey and telephone interviews for each individual Essential Service.

At the statewide meeting of partner organizations 42 participants assembled in groups of 10-12 persons to carry out a collective assessment of (1) *system performance*, that is, the extent to which the four model standards associated with each Essential Service are met, and (2) the *Texas Diabetes Program contribution* to system performance.

Of the 40 model standards, participants judged 15 as Not Met (0-25%), 18 as Partially Met (26-50%), five as Substantially Met (51-75%) and two as Fully Met (76-100%). Across the Essential Services, System Performance was rated highest for 4 (Mobilize Partnerships) and 5 (Develop Policies and Plans) and lowest for 6 (Enforce Laws and Regulations) and 10 (Research). Across the Indicators/Model Standards, scores were highest for Planning and Implementation and lowest for Evaluation and Quality Improvement.

Texas Diabetes Program contribution to system performance was assessed at 0-25% for 16 model standards, 26-50% for six model standards, 51-75% for 13 model standards, and 76-100% for four model standards. No score was assigned for one model standard. Across the Essential Services participants judged the Texas Diabetes Program contribution highest for 4 (Mobilize Partnerships), 1 (Monitor Health Status), and 2 (Investigate Health Problems) and lowest for 6 (Enforce) and 10 (Research). Across the Indicators/Model Standards, TDP contribution scores were highest for Technical Assistance and Support and lowest for Resources.

The full report presents system performance and TDP contribution findings from the assessment meeting for each Essential Service.

Summary and Recommendations

This assessment project collected information relevant to the State Diabetes Public Health System Performance Standards using two complementary methods: a two-stage survey of organizations that provide one or more of the ten essential public health services, and a meeting of key informants representing those organizations. The survey made it possible to (1) identify and describe the network of system partners involved in providing each essential service and (2) estimate the frequency, awareness of, and perceptions about standards-related activities in the state. The assessment meeting provided a forum for exchanging information and opinions among system partner organizations. It also produced numerical estimates of system performance and the Texas Diabetes Program's contribution to that performance. Finally, meeting participants identified performance gaps that might be addressed in efforts to improve system functioning.

As the Texas Diabetes Program/Council moves from the system assessment phase into the system improvement planning phase, we offer several recommendations.

Maintain communication with system partners identified through this assessment. If the diverse set of organizations involved in providing diabetes-related services in Texas is to function as an integrated, collaborative system, they must see themselves as part of a community of common interest. The Texas Diabetes Program/Council is positioned to build and maintain that sense of identity.

Determine priorities for system improvement. The assessment meeting revealed many areas of less than optimal performance which might be addressed in an improvement plan. The Program/Council should devise a priority-setting process which incorporates input from the broad circle of system partners.

As the planning process unfolds, critically evaluate the findings from the assessment. Information obtained both from the survey and the meeting ultimately reflects the qualitative and quantitative perceptions of the respondents/informants who participated in the assessment process. Verification of these perceptions was beyond the scope of the project. The Texas Diabetes Program should begin the critical evaluation process by inviting feedback on this report, especially from known stakeholders who did not participate in the statewide assessment meeting.

Texas Diabetes Public Health System Assessment

Background

In January 2003 the Centers for Disease Control and Prevention, Division of Diabetes Translation, directed CDC-sponsored state Diabetes Prevention and Control Programs to undertake a comprehensive assessment of the collective performance of their state diabetes public health systems. The basic framework for this assessment was to be the National Public Health Performance Standards developed by the CDC, in collaboration with six national public health organizations, during the period 1998-2002. Four key concepts are embedded in the National Public Health Performance Standards. They

- are based on the ten Essential Public Health Services (see box below);
- focus on the public health *system*, defined as all public, private and voluntary entities that contribute to public health in a given area;
- describe a optimal level of performance; and
- support a process of quality improvement.

System performance is assessed for each Essential Service using four indicators that reflect the status of the system: planning and implementation, technical assistance and support, evaluation and quality improvement, and resources. A model standard that describes optimal performance is associated with each indicator.

In November 2003 the Texas Diabetes Program (TDP) of the Texas Department of Health contracted with the University of Texas Health Science Center at Houston, School of Public Health, Center for Health Policy Studies, to carry out the state diabetes public health system assessment. A summary of project objectives and accomplishments is contained in Appendix A.

Methods

The assessment was carried out in two distinct phases. First, we constructed an inventory of entities involved in diabetes prevention and control. This was accomplished by (1) a postal survey of 129 potential partner organizations to determine whether or not they provide one or more of the Essential Services (see Appendix B) and (2) follow-up telephone interviews with 86 of the 101 partner organizations who responded to the postal survey. The purpose of the interviews was to obtain information relevant to the model standards associated with each Essential Service (see Appendices C1 and C2). In the second phase we convened a statewide meeting of partner organizations to carry out a collective, face-to-face assessment of the performance of the state diabetes public health system (see Appendices D1 and D2).

Essential Public Health Services

1. Monitor health status to identify health problems.
2. Diagnose and investigate health problems and health hazards.
3. Inform, educate and empower people about health issues.
4. Mobilize partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Source: US Public Health Service Core Functions Steering Committee, 1994.

Results: All Essential Services

Postal Survey

The Texas Diabetes Program identified individuals associated with 129 potential system partner organizations. Contacts in 101 of the 129 organizations completed the survey instrument. Respondents were well distributed across the state, with locations in every Public Health Region. Table 1 displays the provision of Essential Services by organization type, as reported by the respondents. Advocacy groups, state government agencies, universities, health profession associations and health care providers accounted for nearly 80% of the organizations identified. Some organization types tended to concentrate on a few Essential Services. For example, health profession associations were most heavily involved in Essential Service 8 (Workforce), 5 (Policy) and 3 (Inform). Health care providers focused on Essential Service 7 (Link) and 3 (Inform). Other organization types reported involvement in many Essential Services. State government agencies, for example, were heavily involved in all Essential Services except 9 (Evaluate) and 10 (Research). Educational institutions were involved in all except Essential Services 6 (Enforce) and 5 (Policy).

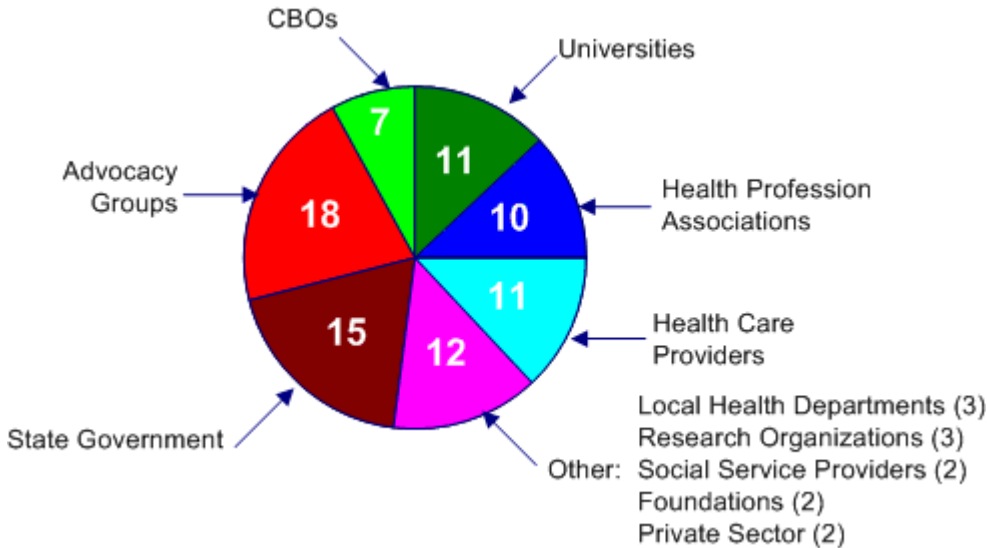
Telephone Survey

Project staff conducted telephone interviews in 86 of the 101 organizations in which postal survey respondents reported that their organization provided one or more Essential Service. We classified an organization as an Essential Service provider if the respondent reported the organization's involvement in one or more

**Table 1. Organizations Providing Essential Services by Organization Type
Postal Survey Results**

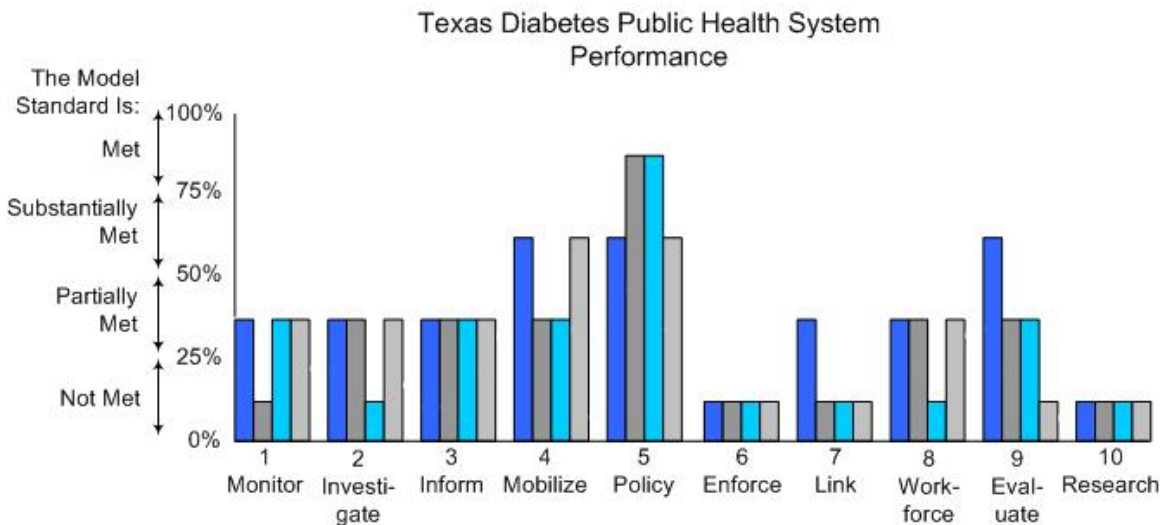
<i>Organization Type</i>	<i>Number Surveyed</i>	<i>Number Responded</i>	<i>EPHS 1 Monitor</i>	<i>EPHS 2 Investigate</i>	<i>EPHS 3 Inform</i>	<i>EPHS 4 Mobilize</i>	<i>EPHS 5 Policy</i>	<i>EPHS 6 Enforce</i>	<i>EPHS 7 Link</i>	<i>EPHS 8 Workforce</i>	<i>EPHS 9 Evaluate</i>	<i>EPHS 10 Research</i>
Health Profession Association	17	13	5	3	8	7	8	5	7	11	2	1
Local Health Department	4	3	2	1	2	3	1	0	4	2	1	1
Health Care Provider	14	10	7	7	11	7	5	2	12	9	7	5
Foundation	3	3	3	2	3	3	2	0	3	1	2	2
Faith-Based Organization	1	0	0	0	0	0	0	0	0	0	0	0
Educational Institution	19	16	11	11	12	13	6	1	12	11	9	10
CBO	9	7	6	4	7	6	3	2	6	5	4	4
Business	3	2	1	0	2	2	1	0	1	0	0	0
Advocacy Group	27	21	11	8	13	14	8	7	15	10	7	11
Research	4	4	4	1	4	3	1	0	3	3	2	4
Social Service Provider	3	3	0	0	0	0	1	1	2	0	0	0
State Government	25	19	10	8	13	14	10	8	12	9	5	6
TOTAL	129	101 100%	61 60.4 %	45 44.6%	75 74.3%	72 71.3%	46 45.5%	26 25.7%	77 76.2%	61 60.4%	39 38.6%	44 43.6%

of the activities associated with the “planning and implementation” indicator for each Essential Service. Eighty-four of the 86 organizations met this criterion. For these 84 the organization type is shown below.



Assessment Meeting

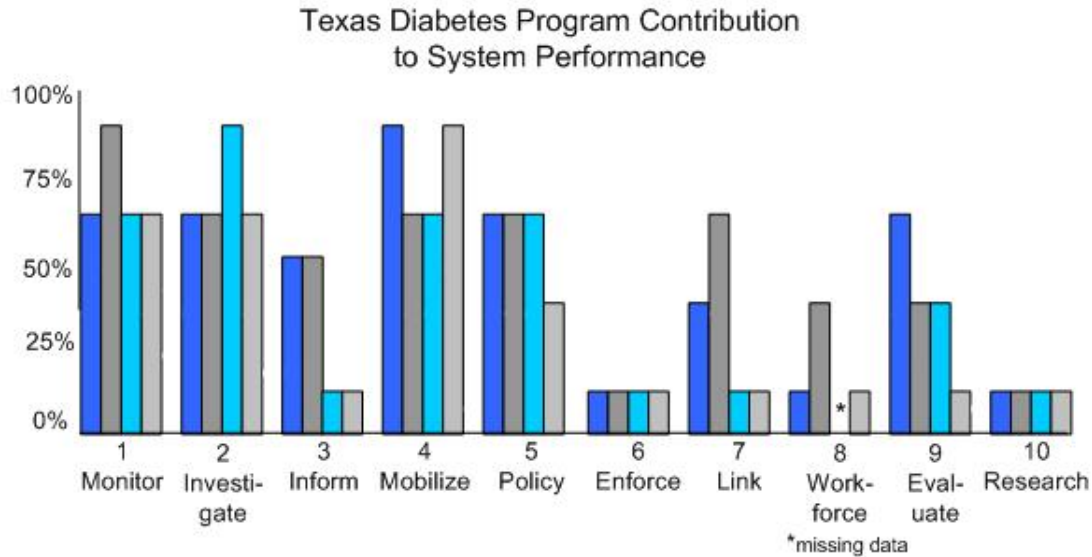
The statewide meeting of partner organization representatives was held on April 30, 2004, at the Texas Department of Health in Austin, Texas. The 42 participants met in groups of 10-12 persons to carry out a collective assessment of (1) *system performance*, that is, the extent to which the model standards associated with each Essential Service are met, and (2) the *Texas Diabetes Program contribution* to system performance. The figures below summarize the results of this process across the ten Essential Services.



Note: Meeting participants assigned System Performance scores using four response options: 0–25%, 26–50%, 51–75% and 76–100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bar representing System Performance. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0–25%), *partially met* (26–50%), *substantially met* (51–75%) or *met* (76–100%).

Of the 40 model standards, participants judged 15 as Not Met (0-25%), 18 as Partially Met (26-50%), five as Substantially Met (51-75%) and two as Fully Met (76-100%). Across the Essential Services, System Performance was rated highest for 4 (Mobilize Partnerships) and 5 (Develop Policies and Plans) and lowest for 6 (Enforce Laws and Regulations) and 10 (Research). Across the Indicators, scores were highest for Planning and Implementation and lowest for Evaluation and Quality Improvement.

Texas Diabetes Program contribution to system performance was assessed at 0-25% for 16 model standards, 26-50% for six model standards, 51-75% for 13 model standards, and 76-100% for four model standards. No score was assigned for one model standard. Across the Essential Services participants judged the Texas Diabetes Program contribution highest for 4 (Mobilize Partnerships), 1 (Monitor Health Status), and 2 (Investigate Health Problems) and lowest for 6 (Enforce) and 10 (Research). Across the indicators, TDP contribution scores were highest for Technical Assistance and Support and lowest for Resources.



Note: Meeting participants assigned Diabetes Program Contribution scores using four response options: 0-25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bar representing Diabetes Program Contribution.

Results: Each Essential Service

Essential Service # 1: Monitor Health Status to Identify Health Problems

This service includes:

- Assessment of statewide diabetes-related health status and its determinants, including the identification of health risks and the determination of diabetes health service needs.
- Attention to the vital statistics and diabetes-related health status of specific groups that are at higher risk for diabetes than the general population.
- Identification of community assets and resources, which support the TDPHS (Texas Diabetes Public Health System) in promoting health and improving quality of life for those affected by diabetes.
- Utilization of technology and other methods to interpret and communicate diabetes-related health information to diverse audiences in different sectors of the population.
- Collaboration in integrating and managing diabetes-related information systems.

Postal Survey. Sixty organizations reported that they provided this service.

Telephone Survey. Project staff conducted telephone interviews in 39 of the 60 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Twenty-five of the 39 organizations met this criterion. State agencies, universities and CBOs were the major organization types providing this service. Telephone survey results are summarized in Figure T1.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, advocacy groups, CBOs, research institutions and the private sector. Results from the meeting are summarized in Figure M1.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS measures, analyzes and reports on the diabetes health status of the state. The state's diabetes health status is monitored through data describing critical indicators of health, illness, and health resources that are collected in collaboration with local public health systems and other state partners

Telephone Survey	Assessment Meeting
Nearly all essential service providers were involved in collecting data, providing data to others, collaborating in data collection activities and protecting personal identifiers. Fewer respondents reported constructing a state profile, tracking data over time, and developing uniform indicators.	Key informants rated this standard as Partially Met (26-50%). TDP contribution was judged to be 51-75%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to monitor diabetes health status and to identify problems.

Telephone Survey	Assessment Meeting
Three-fourths of these respondents could name one or more sources of technical assistance in interpreting and using diabetes-related data. One-half knew of sources for developing information systems and constructing standard data sets.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 75-100%.

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to monitor diabetes health status and to identify problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts

Telephone Survey	Assessment Meeting
Less than one-third of respondents knew of efforts in the state to evaluate the sufficiency and relevance of available diabetes-related data, improve data systems, solicit feedback on data and identify best practices.	Key informants rated this standard as Partially Met (26-50%). TDP contribution was judged to be 51-75%.

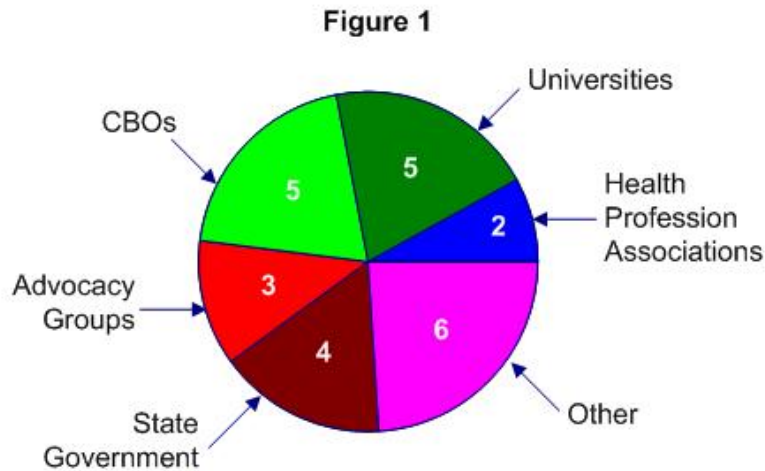
Indicator 4. Resources

Model Standard: The TDPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to monitor diabetes health status and to identify related health problems in the state

Telephone Survey	Assessment Meeting
One-fourth of the respondents felt that resources were being directed to high priority areas and that new resources were being sought. One-third knew of efforts to share resources and agreed that current electronic technology was being used in monitoring activities.	Key informants rated this standard as Partially Met (26-50%). TDP contribution was judged to be 51-75%

Figure T1
Essential Public Health Service 1:
Monitor Health Status to Identify Health Problems
 Telephone Survey Results

Telephone interviews were conducted in 39 of the 60 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Twenty-five of the 39 organizations met this criterion. For these 25, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Collect diabetes data?	22	3
•Construct state profile?	12	13
•Track over time?	14	11
•Provide data to others?	23	2
•Collaborate in data activities?	23	2
•Develop uniform indicators?	12	13
•Protect identifiers?	22	3

Figure T1 cont'd Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•Interpreting and using diabetes data?	19	6
•Developing information systems?	13	12
•Constructing standard data sets?	15	10

Technical assistance sources identified: Agency for Healthcare Research and Quality, Harris Co. Hospital District, Indian Health Service, managed care organizations, National Kidney Foundation, Paso del Norte Health Foundation, Public Health Region 9/10, Stark Diabetes Center, Texas Department of Health, Texas Diabetes Council, Texas Medical Association, U of North Texas, U of Texas Health Science Center at San Antonio, UT Pan American, UT Tyler.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review data sufficiency, relevance?	8	17
•Improve data systems?	5	
•Solicit feedback on data?	3	
•Identify best practices?	6	

Evaluation efforts identified: American Diabetes Association, Texas Department of Health, Hispanic Physicians Association, U of North Texas, Texas Diabetes Council, Texas Medical Association Public Health Council.

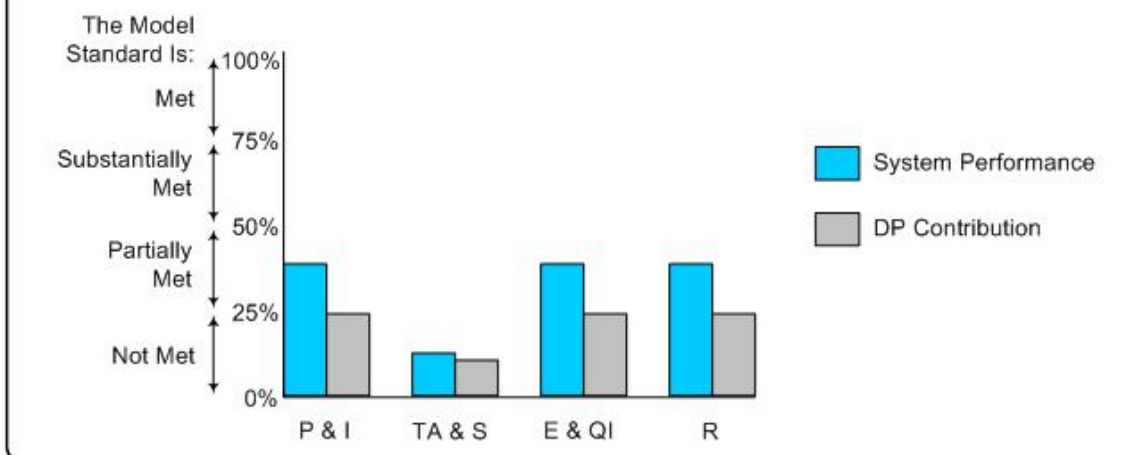
Indicator 4. Resources

Do you think that

	Yes	No	Don't Know
•Resources go to high priority areas?	6	11	8
•New resources are being sought?	6	17	2
•Resources are being shared?	8	15	2
•Current technology is being used?	9	12	4

Figure M1
Essential Service 1:
Monitor Health Status to Identify Health Problems
Assessment Meeting Results

Key informants for this essential service included individuals from universities, advocacy groups, CBOs, research institutions, the private sector and state government. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS measures, analyzes and reports on the diabetes health status of the state. The state’s diabetes health status is monitored through data describing critical indicators of health, illness, and health resources that are collected in collaboration with local public health systems and other state partners.

Observations and Gaps Identified

- BRFSS includes only English speakers and those with phones. Substate areas and populations not represented.
- Data quality is uncertain.
- Roles of system partners are unclear. There are overlaps, gaps and turf issues.
- Uses of the state health profile and other data are uncertain.
- Data from diverse sources are not linked.
- Extent of collaboration among health information partners is unclear.
- Responsibility for enforcement of health information protection is uncertain.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M1 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to monitor diabetes health status and to identify problems.

Observations and Gaps Identified

- Fact sheets and profiles are available on TDH website. Accessibility and utility to partners is uncertain. Data sets do not support prioritization of health issues or resource allocation decisions.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to monitor diabetes health status and to identify problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

- TDH reviews its monitoring efforts quarterly. Do HMOs do this? Who monitors the private sector?
- Feedback from the private sector seems to be missing.
- Identification of best practices uncertain.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to monitor diabetes health status and to identify related health problems in the state.

Observations and Gaps Identified

- System resource management is problematic—duplication, gaps, lack of coordination. Need to increase communication and collaboration and decrease turf issues.
- Personnel with necessary expertise are not uniformly available.

Essential Service # 2: Diagnose and Investigate Health Problems and Health Hazards

This service includes:

- Epidemiologic investigation of disease patterns of diabetes and other related health and social conditions.
- Opportunistic population-based screening, case finding, investigation, and the scientific analysis of diabetes-related health problems

Postal Survey. Forty-five organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 30 of the 45 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Twenty-one of the 30 organizations met this criterion. State agencies, universities, advocacy groups and CBOs were the major organization types providing this service. Telephone survey results are summarized graphically in Figure T2.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, advocacy groups, CBOs, research institutions and the private sector. Results from the meeting are summarized in Figure M2.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS works collaboratively with local public health systems and other state partners to identify and respond to public health threats/risks including chronic disease prevalence, especially the incidence of diabetes. Protective and risk factors, e.g. environmental conditions, policy, cultural, historical, etc., should be considered.

Telephone Survey	Assessment Meeting
Four-fifths of the essential service providers reported that they engage in response planning. Two-thirds do risk factor surveillance and work with laboratories. Less than one-third do surveillance for diabetes-related maternal and child health.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 51-75%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to identify, analyze, and respond to public health threats/risks.

Telephone Survey	Assessment Meeting
Two-thirds of the respondents could name one or more sources of technical assistance in interpreting epidemiologic findings. One-half knew of sources for analyzing incidence, prevalence and risk factors for diabetes; over one-third knew of assistance in interpreting laboratory findings.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 51-75%.

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to diagnose and investigate diabetes-related health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Only 6 of the 21 respondents were aware of any efforts in the state to review and evaluate diabetes surveillance efforts on a regular basis.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 76-100%.

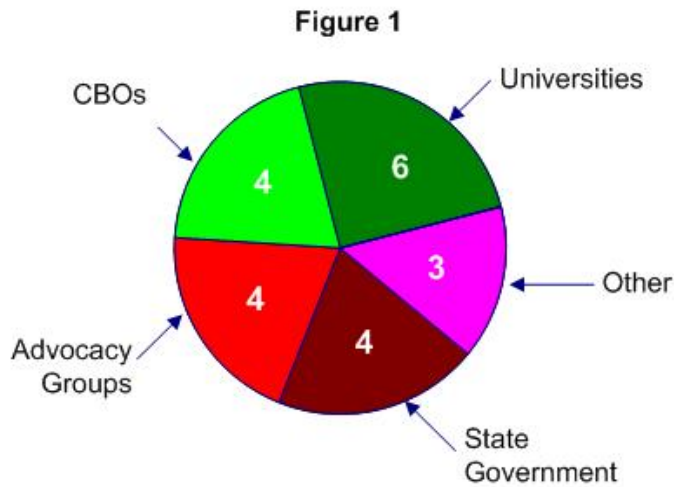
Indicator 4. Resources

Model Standard: The TDPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to diagnose and investigate diabetes-related health problems and threats/risks that affect the state.

Telephone Survey	Assessment Meeting
About one-third of the respondents agreed that new resources are being sought, that the state has sufficient capacity to provide appropriate screening for diabetes, and that the state has sufficient laboratory capacity to investigate diabetes-related problems.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 51-75%.

Figure T2
Essential Public Health Service 2:
Diagnose and Investigate Health Problems and Health Hazards
 Telephone Survey Results

Telephone interviews were conducted in 30 of the 45 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Twenty-one of the 30 organizations met this criterion. For these 21, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.



Indicator 1. Planning and Implementation

Does your organization...

- Conduct disease surveillance?
- Conduct risk factor surveillance?
- Conduct maternal and child health surveillance?
- Work with laboratories?
- Do response planning?

	Yes	No
•Conduct disease surveillance?	11	10
•Conduct risk factor surveillance?	13	8
•Conduct maternal and child health surveillance?	6	15
•Work with laboratories?	12	9
•Do response planning?	17	4

Figure T2 cont'd Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•Interpreting epidemiologic findings?	14	7
•Interpreting laboratory findings?	8	13
•Analyzing incidence and prevalence?	10	11

Technical assistance sources identified: Pan American Health Organization, US Health Resources and Services Administration, Texas Health and Human Services Commission, Texas Department of Health, TDH Office of Border Health, Texas Diabetes Council/Program, Public Health Region 9/10, South Texas Center, Stark Diabetes Center, U of North Texas, UT Health Science Center Houston and San Antonio and Tyler, Texas Tech University HSC.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review surveillance efforts?	6	15
•Review response efforts?	2	
•Use reviews to improve surveillance efforts?	2	

Evaluation efforts identified: Behavioral Risk Factor Surveillance System, Texas Diabetes Council/Program, Texas State Strategic Health Partnership, U of Texas Medical Branch.

Indicator 4. Resources

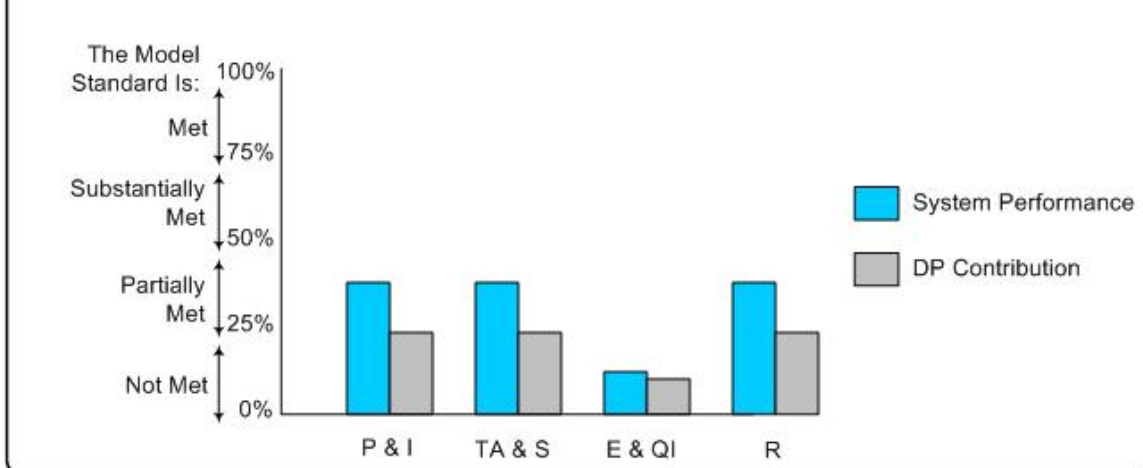
Do you think that

	Yes	No	Don't Know
•Resources go to high priority areas?	8	5	8
•New resources are being sought?	6	13	1 *
•Resources are being shared?	9	10	1 *
•Screening capacity is sufficient?	6	11	3 *
•Lab capacity is sufficient?	7	6	7 *

* missing value

Figure M2
Essential Service 2:
Diagnose and Investigate Health Problems and Health Hazards
Assessment Meeting Results

Key informants for this essential service included individuals from universities, advocacy groups, CBOs, research institutions, the private sector and state government. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed by indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS works collaboratively with local public health systems and other state partners to identify and respond to public health threats/risks including chronic disease prevalence, especially the incidence of diabetes. Protective and risk factors, e.g. environmental conditions, policy, cultural, historical, etc., should be considered.

Observations and Gaps Identified

- Surveillance systems are operated by CDC but accessibility of data is uncertain.
- Risk factor surveillance does not begin until school age.
- BRFSS and CDC have the requisite capabilities and BRFSS is steadily improving.
- Large laboratories work with the state but whether smaller ones do is unknown.
- Labs have no motivation to collaborate. Their systems were not set up to do surveillance.
- Roles of system partners in developing response plans is unclear.
- State agencies work with the legislature all the time.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M2 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to identify, analyze, and respond to public health threats/risks.

Observations and Gaps Identified

- Access to epidemiologic expertise is limited, as are financial resources.
- Lack of knowledge about how to obtain laboratory assistance and interpretation of findings.
- Information about health threats may not reach smaller communities. Need to know how to distinguish good from bad information.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to diagnose and to investigate diabetes-related health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified:

- Surveillance system effectiveness has not been defined.
- Everyone is already stretched to do what they do without taking on additional tasks.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages, and utilizes its human, information, technology, and financial resources to diagnose and investigate diabetes-related health problems and threats/risks that affect the state.

Observations and Gaps Identified

- Need to identify priorities--existing resources may not be applied to them.
- System-wide resources are not shared.
- Screening capacity is present. Need to know how to reach the hard to reach, and what to do after the screening.
- Expertise also needed: dietitians and certified educators.

Essential Service # 3: Inform, Educate and Empower People about Health Issues

This service includes:

- Health information, health education and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers and others to implement and reinforce health promotion programs and messages.

Postal Survey. Seventy-five organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 50 of the 75 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Forty-one of the 50 organizations met this criterion. Major organization types providing this service were state agencies, universities, advocacy groups and CBOs. Telephone survey results are summarized graphically in Figure T3.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, advocacy groups, CBOs, research institutions and the private sector. Results from the meeting are summarized in Figure M3.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS supports its health improvement objectives and responds to diabetes issues with health communication and health education/promotion initiatives that are based on evidence of effectiveness whenever possible. Culturally and linguistically appropriate initiatives are delivered through multiple media channels to enhance their effectiveness.

Telephone Survey	Assessment Meeting
Four-fifths of the respondents reported that they conduct health education/promotion programs, collaborate with others, use culturally appropriate materials and use multiple communication channels.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 50%.

Indicator 2 Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to inform, educate and empower people about diabetes.

Telephone Survey	Assessment Meeting
Four-fifths of the respondents could name one or more sources of technical assistance in developing communication skills and strategies, selecting education/promotion resources, targeting programs for specific settings, and applying effective interventions.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 50%.

Indicator 3: Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to inform, educate and empower people about diabetes-related health issues on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
One-fourth of respondents were aware of any efforts in the state to review diabetes education and promotion interventions on a regular basis.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 0-25%

Indicator 4: Resources

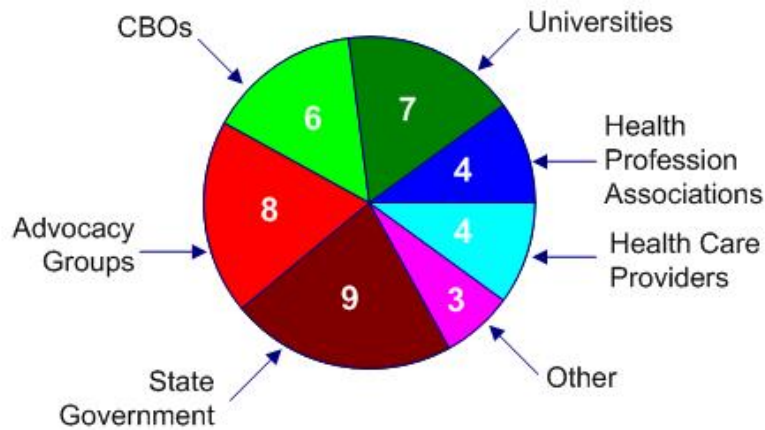
Model Standard: The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to inform, educate, and empower people about diabetes-related health issues.

Telephone Survey	Assessment Meeting
Less than one-half of the respondents agreed that existing resources are being directed to high priority areas, new resources are being sought, resources are being shared and that resource utilization is being monitored.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 0-25%

Figure T3
Essential Public Health Service 3:
Inform, Educate and Empower People about Health Issues
 Telephone Survey Results

Telephone interviews were conducted in 50 of the 75 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Forty-one of the 50 organizations met this criterion. For these 41, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.

Figure 1



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Conduct health education/ promotion programs?	36	5
•Collaborate with others?	37	4
•Use appropriate materials?	38	3
•Use multiple communication channels?	35	6

Figure T3 cont'd Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•Communication skills and strategies?	32	9
•Identifying and evaluating resources?	33	8
•Targeting specific populations?	33	8
•Applying educational interventions?	31	10

Technical assistance sources identified: American Diabetes Assn, National Kidney Foundation, Baylor Diabetes Center, Area Health Education Centers, American Heart Assn, Texas Department of Health, Public Health Regions, Texas Diabetes Council/Program, Texas Diabetes Institute, U of North Texas, Juvenile Diabetes Assn, Texas Medical Assn, Texas School Health Assn, UT Health Science Center San Antonio, Texas Tech University HSC.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review educational interventions?	8	31
•Incorporate consumer perspectives?	7	
•Use reviews to improve interventions?	4	

Evaluation efforts identified: Behavioral Risk Factor Surveillance System, Texas Diabetes Council/Program, Texas State Strategic Health Partnership, U of Texas Medical Branch.

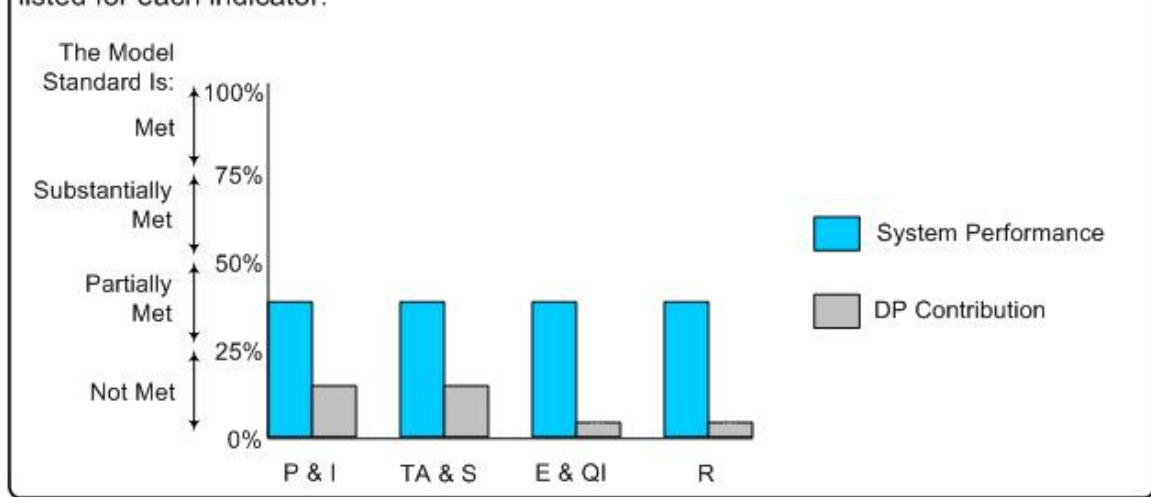
Indicator 4. Resources

Do you think that

	Yes	No	Don't Know
•Resources go to high priority areas?	17	13	11
•New resources are being sought?	14	24	3
•Resources are being shared?	20	19	2
•Resource utilization is monitored?	12	25	3
•Sufficient expertise in developing communications?	29	6	6
•Sufficient expertise in evaluating communications?	27	6	8
•Sufficient expertise in risk communication?	27	7	7

Essential Service 3: Inform, Educate and Empower People About Health Issues Assessment Meeting Results

Key informants for this essential service included individuals from health professions associations, CBOs, universities, the private sector, research institutions and state government. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards. * Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS supports its health improvement objectives and responds to diabetes issues with health communication and health education/promotion initiatives that are based on evidence of effectiveness whenever possible. Culturally and linguistically appropriate initiatives are delivered through multiple media channels to enhance their effectiveness.

Observations and Gaps Identified

- Need to address a full range of literacy and idiomatic issues. Match appropriate methods to population.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26–50%, 51–75% and 76–100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0–25%), *partially met* (26–50%), *substantially met* (51–75%) or *met* (76–100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M3 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building, and resources to local public health systems and other state partners in their efforts to inform, educate and empower people about diabetes.

Observations and Gaps Identified

- Organizations support their own people, but may be unaware of others.
- Worksites are not addressed.
- Infrastructure is lacking.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to inform, educate and empower people about diabetes-related health issues on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified:

- Process evaluation is OK, but outcome evaluation is missing.
- Population served does not see diabetes as preventable.
- Health care providers aren't getting information to patients.
- Lack of awareness of resources available for interventions.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to inform, educate, and empower people about diabetes-related health issues.

Observations and Gaps Identified

- Resources limit sharing.
- Resources aren't sufficient—have to use what is available.

Essential Service # 4: Mobilize Partnerships to Identify and Solve Health Problems

This service includes:

- The organization and leadership to convene, facilitate and collaborate with statewide partners (including those not typically considered to be health-related) to identify diabetes priorities and create effective solutions to solve state and local diabetes-related health problems.
- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state’s diabetes health status.
- Assistance to partners and communities to organize and undertake actions to improve the health of the state’s communities.

Postal Survey. Seventy-two organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 46 of the 72 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Thirty-seven of the 46 organizations met this criterion. State agencies, advocacy groups, universities and CBOs were the major organization types providing this service. Telephone survey results are summarized graphically in Figure T4.

Assessment Meeting. Assessment meeting participants for this essential service included individuals from state government, universities, advocacy groups, health profession associations, health care providers the private sector. Results from the meeting are summarized in Figure M4.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS conducts a variety of statewide community-building practices to identify and to solve diabetes-related health problems. These practices include community engagement, constituency development and partnership mobilization, which is the most formal and potentially far-reaching of these practices.

Telephone Survey	Assessment Meeting
Nearly all essential service providers reported that they identify and convene stakeholders, build partnerships, communicate partnership activities and engage policy makers.	Key informants rated this standard as Substantially Met (51-75%). TDP contribution was judged to be 75-100%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides local public health systems and other state partners with training and technical assistance for constituency development and partnership facilitation based on current research, effective community mobilization models, and group facilitation processes.

Telephone Survey	Assessment Meeting
Three-fifths of the respondents could name one or more sources of technical assistance in developing and maintaining coalitions, and in building partnerships for health improvement.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 51-75%

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to mobilize partnerships to identify and solve health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Less than half of respondents were aware of any efforts in the state to review constituency-building and partnership development activities on a regular basis.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 51-75%

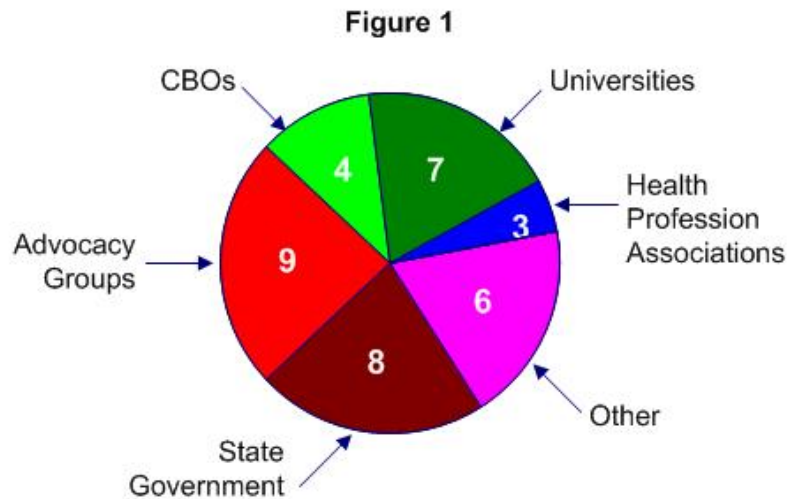
Indicator 4. Resources

Model Standard: The TDPHS effectively invests, manages and utilizes its human, information, technological and financial resources to assure that its mobilization of partnerships meets the needs of the state's population.

Telephone Survey	Assessment Meeting
A majority of respondents agreed that partnering organizations are committing resources to sustain collaborations, existing resources are being directed to high priority areas, resources are being shared and information about partner organizations is being maintained.	Key informants rated this standard as Substantially Met (51-75%) TDP contribution was judged to be 76-100%.

Figure T4
Essential Public Health Service 4:
Mobilize Partnerships to Identify and Solve Health Problems
 Telephone Survey Results

Telephone interviews were conducted in 46 of the 72 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Thirty-seven of the 46 organizations met this criterion. For these 37, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Identify and convene stakeholders?	30	7
•Build partnerships?	37	
•Communicate partnership activities?	31	6
•Engage policy leaders?	30	7

Figure T4 cont'd
Telephone Survey Results

Indicator 2. Technical Assistance and Support*

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•How to develop and maintain coalitions?	22	14
•Building partnerships for community health improvement?	22	14

Technical assistance sources identified: Texas Diabetes Council/Program, Public Health Regions, Texas Medical Association, Juvenile Diabetes Foundation, March of Dimes, Robert Wood Johnson Foundation, Texas Diabetes Institute, Texas Renal Coalition, Texas Association of Community Health Centers, Texas State Strategic Health Partnership, AHECs, Agricultural Extension Services.

Indicator 3. Evaluation and Quality Improvement*

Do you know of any efforts in the state to

	Yes	No
•Review constituency building activities?	16	20
•Review partner participation?	9	

Evaluation efforts identified: Texas Diabetes Council, Texas State Strategic Health Partnership.

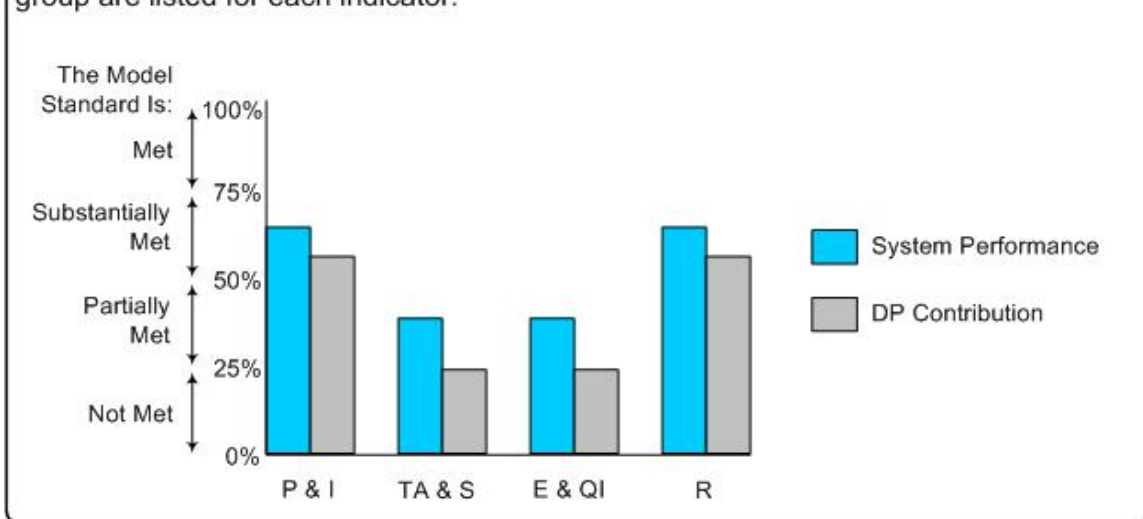
Indicator 4. Resources*

<i>Do you think that</i>	Yes	No	Don't Know
•Resources are committed to sustain collaboration?	21	6	9
•Resources go to high priority areas?	24	5	7
•New resources are being sought?	16	19	1
•Resources are being shared?	18	18	
•Partner organization information is kept?	22	13	1

* missing value

Figure M4
Essential Service 4:
Mobilize Partnerships to Identify and Solve Health Problems
Assessment Meeting Results

Key informants for this essential service included individuals from health profession associations, advocacy groups, state government, universities, health care providers, and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS conducts a variety of statewide community-building practices to identify and to solve diabetes-related health problems. These practices include community engagement, constituency development and partnership mobilization, which is the most formal and potentially far-reaching of these practices.

Observations and Gaps Identified

- Constituents need to be identified so we know who is in the system.
- There is a lack of involvement/investment on the part of business and industry.
- Diabetes has become a priority. State policy makers are engaged, especially during legislative sessions. The extent to which local policy makers are engaged is unclear.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M4 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides local public health systems and other state partners with training and technical assistance for constituency development and partnership facilitation based on current research, effective community mobilization models, and group facilitation processes.

Observations and Gaps Identified

- There is not a lot of consultation in the system as a whole.
- Training ideas and activities need to be available at the local level.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to mobilize partnerships to identify and solve health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

- Obtaining information about, and following through with, constituents is uncertain.
- Not sure whether consumer/client feedback is obtained.
- Review of policy makers' participation is uncertain.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information, technological and financial resources to assure that its mobilization of partnerships meets the needs of the state's population.

Observations and Gaps Identified

- Need for total resources, old and new, to be increased.
- Sharing resources in the context of shortage is problematic.
- Partnership is not always valued.
- Some advisory groups have been dismantled.

Essential Service #5: Develop Policies and Plans that Support Individual and Statewide Health Efforts

This service includes:

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives and establishes strategies and actions to guide community health improvement at the state and local levels.
- Support of development of legislation, regulations, guidelines and other policies to enable performance of the essential public health services, supporting individual, community and state health efforts.
- Promotion of a democratic process of dialogue and debate between groups affected by the proposed health plans and policies prior to adoption of such plans or policies

Postal Survey. Forty-six organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 27 of the 46 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Twenty-one of the 27 organizations met this criterion. Major organization types providing this service were state agencies, advocacy groups and health profession associations. Telephone survey results are summarized graphically in Figure T5.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, health profession associations, health care providers and the private sector. Results from the meeting are summarized in Figure M5.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS implements comprehensive health improvement planning and policy development that integrates diabetes health status information, public input, analysis of policy options, recommendations for action based on proven interventions and information for policymakers.

Telephone Survey	Assessment Meeting
A majority of the essential service providers reported that they convene groups to plan improvements, develop health objectives and strategies, and conduct policy development activities	Key informants rated this standard as Substantially Met (51-75%) TDP contribution was judged to be 51-75%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to develop policies and plans that support individual and statewide diabetes efforts.

Telephone Survey	Assessment Meeting
One-half to three-fourths of the respondents could name one or more sources of technical assistance in community health improvement planning, integrating diabetes-related planning into other community initiatives, incorporating local plans into state health improvement efforts and developing local health policies.	Key informants rated this standard as Met (76-100%) TDP contribution was judged to be 51-75%

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to develop policies and plans that support individual and statewide diabetes efforts on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Two-fifths of respondents were aware of efforts in the state to review progress toward accomplishing health improvement objectives.	Key informants rated this standard as Met (76-100%) TDP contribution was judged to be 51-75%.

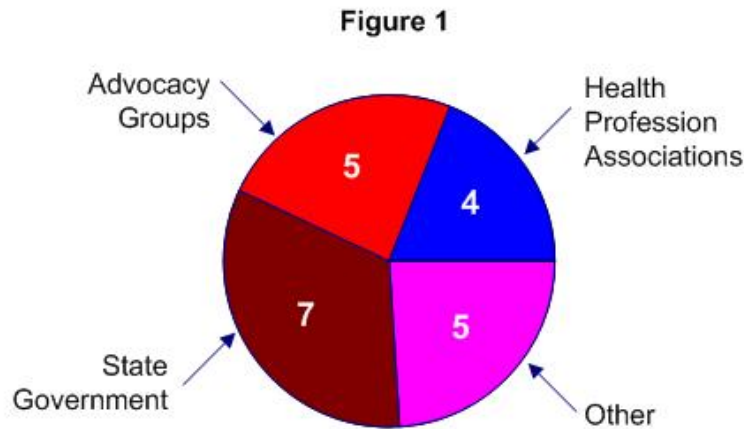
Indicator 4. Resources

Model Standard: The TDPHS effectively invests, manages and utilizes its human, information and financial resources to assure that its health planning and policy practices meet the needs of the state's population.

Telephone Survey	Assessment Meeting
One-fourth to one-third of respondents agreed that existing resources are being directed to high priority areas, new resources are being sought and resources are being shared.	Key informants rated this standard as Substantially Met (51-75%). TDP contribution was judged to be 26-50%.

Figure T5
Essential Public Health Service 5:
Develop Policies and Plans that Support Individual and Statewide
Health Efforts
 Telephone Survey Results

Telephone interviews were conducted in 27 of the 46 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Twenty-one of the 27 organizations met this criterion. For these 21, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Convene groups to plan improvements?	12	9
•Develop health objectives/strategies?	16	5
•Conduct policy development activities?	12	9

Figure T5 cont'd Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•Health improvement planning?	13	8
•Integrating planning initiatives?	11	10
•Incorporating local and state efforts?	11	10
•Local policy development?	16	5

Technical assistance sources identified: American Diabetes Association, County Extension Agencies, LBJ School, Texas Department of Health, Public Health Regional Office, Texas Diabetes Council/ Program, Texas State Strategic Health Partnership, Texas Legal Services Center, Texas School Nurses Association, UT School of Public Health, UT Health Science Center-Tyler, Texas Association of Community Health Centers, Texas Education Agency.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review progress of objectives?	9	12
•Review policy impacts?	8	
•Use reviews to improve plans?	7	

Evaluation efforts identified: Texas Health Policy Research Institute, Texas Department of Health, Texas Diabetes Council/Program, Texas Medical Association Public Health Council.

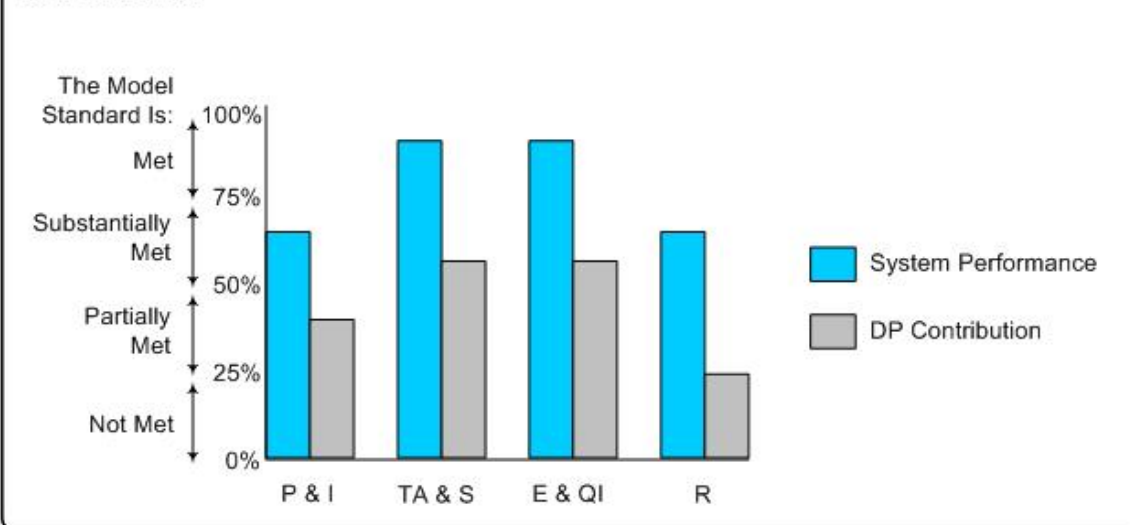
Indicator 4. Resources

Do you think that

	Yes	No	Don't Know
•Resources go to high priority areas?	7	6	8
•New resources are being sought?	5	16	
•Resources are being shared?	8	13	

Figure M5
Essential Service 5:
Develop Policies and Plans that Support Individual and Statewide
Health Efforts
Assessment Meeting Results

Key informants for this essential service included individuals from health profession associations, state government, universities, health care providers, and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS implements comprehensive health improvement planning and policy development that integrates diabetes health status information, public input, analysis of policy options, recommendations for action based on proven interventions and information for policymakers.

Observations and Gaps Identified

- There are many initiatives out there, but people don't talk to each other. There is a lack of collaboration.
- Primary prevention should be the priority. Focus on early intervention through education.
- Diabetes is over-medicalized. Need to look at culture, economics.
- Objectives and plans exist but they are not public knowledge.
- Objectives and plans need to be grounded in evidence about what works.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M5 cont'd
Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to develop policies and plans that support individual and statewide diabetes efforts.

Observations and Gaps Identified

- Technical assistance doesn't seem to filter down to the local level, especially outside local health departments
- Ability to provide technical assistance is present but isn't taken advantage of.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to develop policies and plans that support individual and statewide diabetes efforts on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

- Need Texas data that is readily available in a timely manner.
- Policy reviews are not consistent and not all populations are considered.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information and financial resources to assure that its health planning and policy practices meet the needs of the state's population.

Observations and Gaps Identified

- Resources are not sufficient and are not directed to prevention.
- There is competition among partners for limited resources and competition with other chronic diseases.
- Planning is focused primarily on the short term.
- Health status information at the local level is not uniformly available.

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

This service includes:

- The review, evaluation and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.
- Enforcement activities in areas of public health concern, including, but not limited to, insurance coverage of diabetes self-management education and supplies, access to automobile driving, school policy, workplace discrimination, birth and death documentation and protection of rights for Americans with disabilities.

Postal Survey. Twenty-six organizations reported that they provided this service.

Telephone Survey. Project staff conducted Interviews in 19 of the 26 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Ten of the 19 organizations met this criterion. Major organization types providing this service were state agencies, advocacy groups, CBOs and health care providers. Telephone survey results are summarized graphically in Figure T6.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, health profession associations, health care providers and the private sector. Results from the meeting are summarized in Figures M6.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS assures that their current enforcement activities are based on current public health science and best practice. The TDPHS emphasizes collaboration between regulators, enforcers, and those who are obligated to obey laws and regulations and provides education to those who enforce and are affected by the laws and regulations.

Telephone Survey	Assessment Meeting
Most essential service providers reported that they review state laws and regulations, collaborate with other organizations in enforcement, identify compliance issues, and provide incentives for compliance.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 0-25%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to enforce laws and regulations that protect health and ensure safety.

Telephone Survey	Assessment Meeting
Six of the ten respondents could name one or more sources of technical assistance in enforcement of laws and regulations.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 0-25%.

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to enforce laws and regulations that protect health and ensure safety on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Three of the ten respondents were aware of efforts to review the state’s capacity to carry out enforcement functions.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 0-25%

Indicator 4. Resources

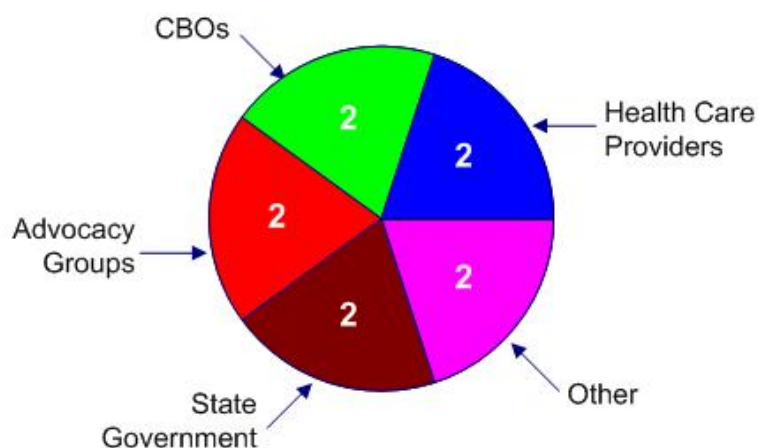
Model Standard: The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to enforce laws and regulations that protect health and ensure the safety of the state’s population.

Telephone Survey	Assessment Meeting
Less than half of respondents agreed that existing resources are being directed to high priority areas, new resources are being sought, resources are being shared and current technology is being used.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 0-25%.

Figure T6
Essential Public Health Service 6:
Enforce Laws and Regulations that Protect Health and Ensure Safety
 Telephone Survey Results

Telephone interviews were conducted in 19 of the 26 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey, an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Ten of the 19 organizations met this criterion. For these 10, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.

Figure 1



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Review state laws and regulations?	8	2
•Identify compliance issues?	8	2
•Provide incentives for compliance?	7	3
•Use written guidelines?	6	4
•Collaborate with other agencies?	6	4

Figure T6 cont'd
Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•Enforcing laws and regulations?	6	4
•Difficult enforcement operations?	4	6
•Developing ordinances?	5	5

Technical assistance sources identified: Texas Department of Health, Texas Diabetes Council/Program, Texas Diabetes Association, American Diabetes Association, Texas Nurses Association, UT Health Science Center-Tyler.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review state's enforcement capacity?	3	7
•Review technical assistance in enforcement?	3	
•Use reviews to make improvements?	2	

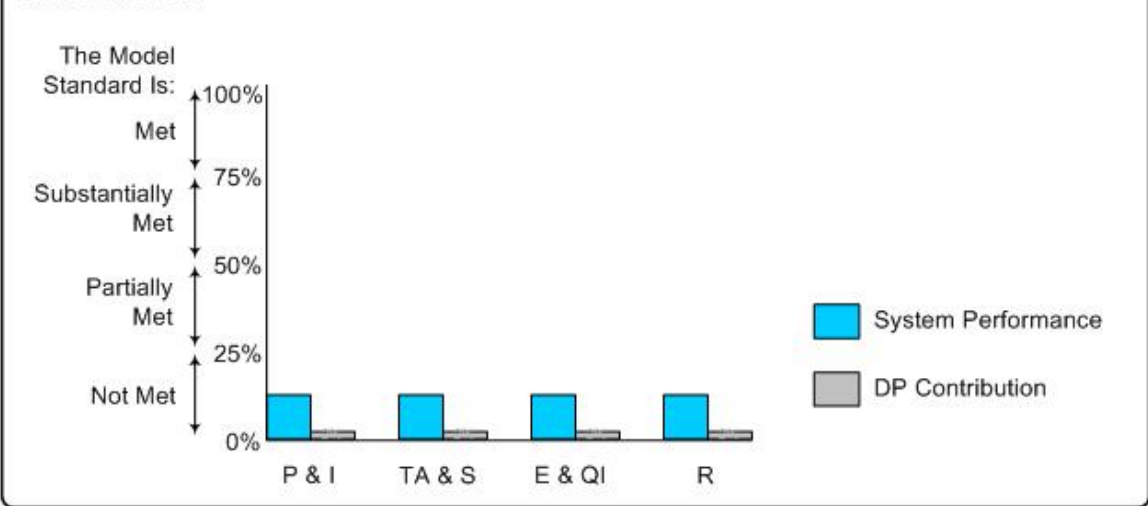
Evaluation efforts identified: Texas Diabetes Council.

Indicator 4. Resources

<i>Do you think that</i>	Yes	No	Don't Know
•Resources go to high priority areas?	4	4	2
•New resources are being sought?	2	8	
•Resources are being shared?	3	6	1
•Current technology is being used?	4	3	2

Figure M6
Essential Service 6:
Enforce Laws and Regulations that Protect Health and Ensure Safety
Assessment Meeting Results

Key informants for this essential service included individuals from health profession associations, state government, universities, health care providers, and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS assures that their current enforcement activities are based on current public health science and best practice. The TDPHS emphasizes collaboration between regulators, enforcers, and those who are obligated to obey laws and regulations and provides education to those who enforce and are affected by the laws and regulations.

Observations and Gaps Identified

- Lack of knowledge of what the relevant laws and regulations are.
- Not sure what the compliance issues are.
- Reviews may take place but results are not disseminated.
- Collaborative mechanisms are weak or missing.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M6 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to enforce laws and regulations that protect health and ensure safety.

Observations and Gaps Identified

- Assistance may be provided when requested, but not done proactively.
- Need assistance with insurance code.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to enforce laws and regulations that protect health and ensure safety on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

- Capacity for enforcement is not systematically reviewed.
- Role of different agencies in reviewing enforcement issues is not clearly defined.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to enforce laws and regulations that protect health and ensure the safety of the state's population.

Observations and Gaps Identified

- Not clear where the relevant resources reside beyond schools and payors.
- Expertise in legislative processes is available. Expertise in enforcement is uncertain.
- A central resource, e.g., a website, is needed to know where to go for various enforcement issues.
- Enforcement is not the sole responsibility of public health.

Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

This service includes:

- Assessment of access to and availability of quality comprehensive diabetes-related personal health care services for the state’s population.
- Assurance that access is available to a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, health care delivery services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs.
- Partnership with public, private and voluntary sectors to provide populations with a coordinated system of health care.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

Postal Survey. Seventy-seven organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 44 of the 77 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Thirty-six of the 44 organizations met this criterion. Major organization types providing this service were state agencies, advocacy groups, CBOs, universities and health care providers. Telephone survey results are summarized in Figure T7.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, health profession associations, health care providers and the private sector. Results from the meeting are summarized in Figure M7.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS assesses the availability of diabetes-related personal health care services for the state population and works collaboratively with statewide partners and local public health systems to help assure that the entire state population has access to quality care.

Telephone Survey	Assessment Meeting
A majority of these entities do not provide personal health services. Rather they provide prevention services, evaluate access and/or identify medically underserved areas. Four-fifths work with other service providers to assure that people who need diabetes-related services are able to get them.	Key informants rated this standard as Partially Met (25-50%) TDP contribution was judged to be 26-50%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance to local public health systems and other state partners to identify medically underserved populations and to develop innovative approaches for meeting their health care needs.

Telephone Survey	Assessment Meeting
A large majority of respondents could name one or more sources of technical assistance in developing partnerships to promote access and identifying barriers to care. A smaller majority knew of sources for designing programs for underserved populations and optimizing access to needed services.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 51-75%.

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its performance in identifying barriers to health care access and gaps in the availability of diabetes-related personal health care, as well as its ability to assure the state’s population receives appropriate and timely diabetes care.

Telephone Survey	Assessment Meeting
One-fourth of respondents were aware of efforts to review programs that assure the provision of diabetes-related personal health services.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 26-50%.

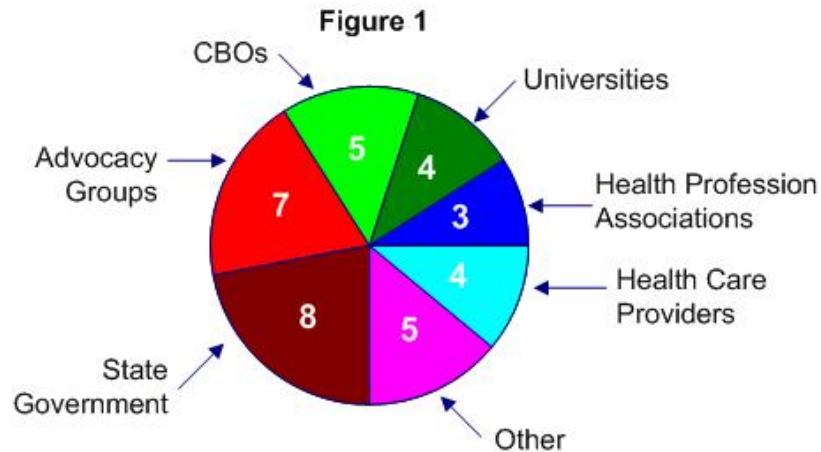
Indicator 4. Resources

Model Standard: The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure the provision of diabetes-related personal health care to meet the needs of the state’s population.

Telephone Survey	Assessment Meeting
Two-fifths of respondents agreed that resources are being shared and that diabetes-related personal health services are being monitored. One-third agreed that existing resources are being directed to high priority areas while one-fourth thought that new resources are being sought.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 26-50%.

Figure T7
Essential Public Health Service 7:
Link People to Needed Personal Health Services and Assure
Provision of Health Care When Otherwise Unavailable
 Telephone Survey Results

Telephone interviews were conducted in 44 of the 77 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey, an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Thirty-six of the 44 organizations met this criterion. For these 36, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Provide personal health services?	17	19
•Provide prevention services?	20	16
•Evaluate service availability, access?	22	14
•Identify underserved areas?	22	14
•Inform policy makers?	25	11
•Work with other service providers?	29	7

Figure T7 cont'd
Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that assists in

	Yes	No
•Identifying barriers to care?	28	8
•Developing partnerships?	32	4
•Developing programs for underserved?	20	16
•Providing local services?	23	12
•Coordinating complementary services?	22	14
•Acting as safety net?	21	15

Technical assistance sources identified: Centers for Disease Control, Robert Wood Johnson Foundation, Texas Department of Health, Texas Diabetes Council/Program, Public Health Regional Offices, Texas Diabetes Institute, UT Health Science Centers, Asian American Health Coalition, Juvenile Diabetes Research Foundation, Migrant Clinicians Network, Texas Association of Community Health Centers, Texas Renal Coalition, Texas Medical Association and Foundation, Texas Association of Local Health Officials, Texas Public Health Association, Medicaid CHIP Task Force, Texas Legal Services Center.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review assurance programs?	10	26
•Incorporate consumer opinions?	9	
•Use reviews to improve programs?	8	

Evaluation efforts identified: American Diabetes Association, Texas Diabetes Association, Texas Diabetes Council/Program, Texas Medical Association and Foundation, Pfizer Health Foundation.

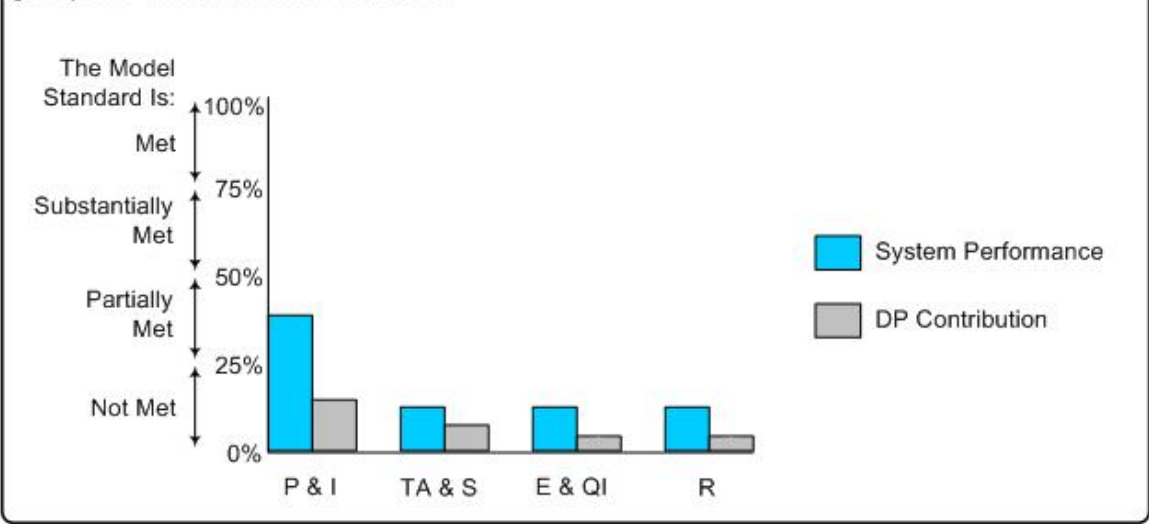
Indicator 4. Resources

	Yes	No	Don't Know
<i>Do you think that</i>			
•Resources go to high priority areas?	13	11	12
•New resources are being sought?	8	26	1*
•Resources are being shared?	15	20	
•Service provision is monitored?	14	20	1*

* missing data

Figure M7
Essential Service 7:
Link People to Needed Health Services and Assure the Provision of
Health Care when Otherwise Unavailable
Assessment Meeting Results

Key informants for this essential service included individuals from health profession associations, state government, universities, health care providers, advocacy groups and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS assesses the availability of diabetes-related personal health care services for the state population and works collaboratively with statewide partners and local public health systems to help assure that the entire state population has access to quality care.

Observations and Gaps Identified

- There are geographic gaps.
- Gaps in availability of care for immigrants, undocumented immigrants and medically underserved areas.
- Information needed to educate policy makers is often unavailable.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26–50%, 51–75% and 76–100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0–25%), *partially met* (26–50%), *substantially met* (51–75%) or *met* (76–100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M7 cont'd
Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance to local public health systems and other state partners to identify medically underserved populations and to develop innovative approaches for meeting their health care needs.

Observations and Gaps Identified

- Funding of Medicaid/CHIP and for uninsured/underinsured represents a gap.
- There is a lot of talk about coordinating services, but little action. Coordination tends to be site/local specific.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its performance in identifying barriers to health care access and gaps in the availability of diabetes-related personal health care, as well as its ability to assure the state's population receives appropriate and timely diabetes care.

Observations and Gaps Identified

- Process evaluation is OK but outcome evaluation is not.
- Efforts are made to institute changes but not from a long-term perspective.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure the provision of diabetes-related personal health care to meet the needs of the state's population.

Observations and Gaps Identified

- Many entities contribute to resource utilization. It is difficult to assess the role of the Texas Diabetes Program contribution to what is done.
- Some entities are moving to private foundation grants.
- FQHCs have good tracking/information systems.

Essential Service # 8: Assure a Competent Public and Personal Health Care Workforce

This service includes:

- Education, training, development and assessment of the health workforce—including partners, volunteers and other lay community health workers—to meet statewide needs for public and personal diabetes health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competence and leadership development programs.

Postal Survey. Sixty-one organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 35 of the 61 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Twenty-five of the 35 organizations met this criterion. Major organization types providing this service were health profession associations, state agencies, advocacy groups and universities. Telephone survey results are summarized graphically in Figure T8.

Assessment Meeting. Participants in this essential service work group included individuals from state government, universities, health profession associations, health care providers, advocacy groups and the private sector. Results from the meeting are summarized in Figure M8.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS identifies the diabetes public health workforce (the workforce providing population-based and personal health services in public and private settings across the state) needs of the state and implements recruitment and retention policies to fill those needs. The TDPHS provides training and continuing education to assure that the workforce will effectively deliver the essential public health services.

Telephone Survey	Assessment Meeting
Nearly all essential service providers reported that they provide workforce training, continuous learning opportunities, and leadership skills training. Less frequent activities were workforce needs assessment, workforce planning and competency assurance.	Key informants rated this standard as Partially Met (25-50%) TDP contribution was judged to be 0-25%.

Indicator 2 Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to assure a competent diabetes care workforce.

Telephone Survey	Assessment Meeting
One-half to four-fifths of respondents could name one or more sources of technical assistance in conducting workforce needs assessments, workforce development activities, offering educational courses and linking with educational institutions for continuing education.	Key informants rated this standard as Partially Met 26-50%) TDP contribution was judged to be 26-50%.

Indicator 3: Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to assure a competent diabetes-related public and personal care workforce on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Less than one-fourth of respondents were aware of efforts to periodically review workforce assessment activities.	Key informants rated this standard as Not Met (0-25%) No assessment of TDP contribution was made.

Indicator 4: Resources

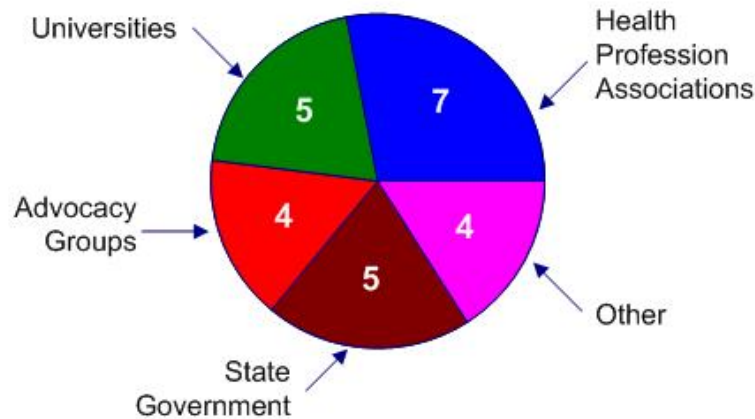
Model Standard: The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure a competent public and personal diabetes health care workforce.

Telephone Survey	Assessment Meeting
Less than one-fourth of respondents agreed that the level of investment in workforce development is adequate, existing resources are being directed to high priority areas, new resources are being sought, resources are being shared, and leadership development programs are available.	Key informants rated this standard as Partially Met (26-50%). TDP contribution was judged to be 0-25%.

Figure T8
Essential Public Health Service 8:
Assure a Competent Public and Personal Health Care Workforce
 Telephone Survey Results

Telephone interviews were conducted in 35 of the 61 organizations in which postal survey respondents reported that their organization provide this essential service. In the telephone survey, an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Twenty-five of the 35 organizations met this criterion. For these 25, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.

Figure 1



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Assess workforce needs?	11	14
•Develop workforce plans?	17	8
•Provide workforce training?	21	4
•Assure workforce competencies?	13	12
•Provide ongoing training?	22	3
•Apply leadership skills	22	3

Figure T8, cont'd
Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No	
•Conducting workforce assessments?	14	10	*
•Workforce development?	12	12	*
•Conducting courses?	19	5	*
•Linking agencies and universities?	14	10	*

Technical assistance sources identified: American Diabetes Assn, American Optometric Association, Area Health Education Centers, Texas Department of Health, Public Health Regions, Texas Diabetes Council/Program, Texas Diabetes Institute, TDH Bureau of Children's Health, Texas Health and Human Services Commission, academic teaching hospitals, UT School of Public Health, UT LBJ School, Texas Medical Association.

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

	Yes	No
•Review workforce assessment efforts?	6	19
•Review workforce improvement plans?	4	
•Use reviews to improve programs?	2	

Evaluation efforts identified: Texas Diabetes Council/Program, Area Health Education Centers, Texas Public Health Training Center, Texas Medical Association.

Indicator 4. Resources

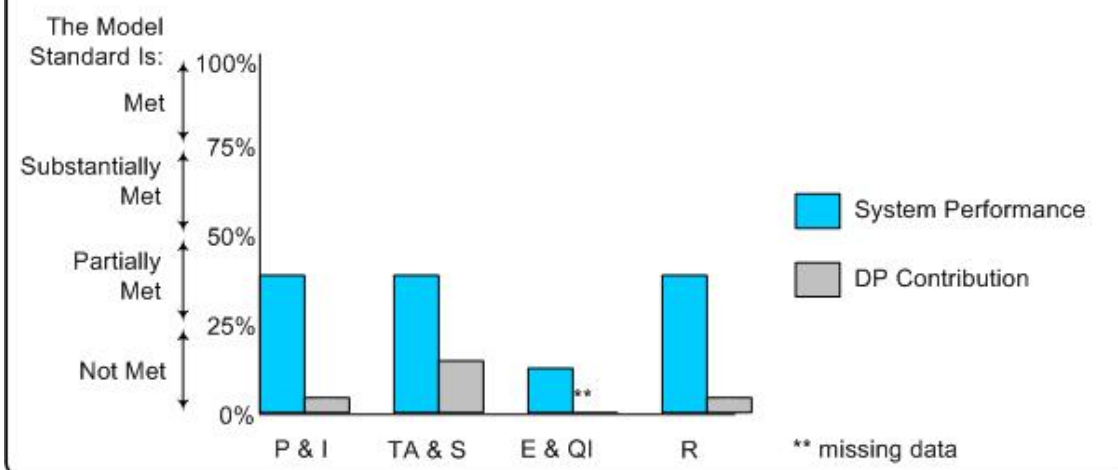
Do you think that

	Yes	No	Don't Know
•Investment in acquiring qualified professionals is adequate?	3	18	4
•Resources go to high priority areas?	7	10	8
•New resources are being sought?	3	21	1
•Resources are being shared?	5	20	
•Leadership development programs are available?	6	18	*
•Cultural competency programs?	16	8	*

* missing value

Figure M8
Essential Service 8:
Assure a Competent Public and Personal Health Care Workforce
Assessment Meeting Results

Key informants for this essential service included individuals from health profession associations, state government, universities, health care providers, advocacy groups and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS identifies the diabetes public health workforce (the workforce providing population-based and personal health services in public and private settings across the state) needs of the state and implements recruitment and retention policies to fill those needs. The TDPHS provides training and continuing education to assure that the workforce will effectively deliver the essential public health services.

Observations and Gaps Identified

- It is difficult to know what the “system” does in this regard.
- Nutrition is a training gap in health professions schools.
- It is unclear what skills are needed. Credentialing may be a barrier to workforce utilization.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M8 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to assure a competent diabetes care workforce.

Observations and Gaps Identified

- Insufficient knowledge to make an assessment of this standard.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to assure a competent diabetes-related public and personal care workforce on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

- There is no unified workforce development plan.
- Insufficient information to assess this standard.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure a competent public and personal diabetes health care workforce.

Observations and Gaps Identified

- Health care providers emphasize treatment over prevention.
- Volunteers are part of the workforce.

Essential Service # 9: Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

This service includes:

- Evaluation and critical review of health programs (personal and population-based health services) based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness and quality.
- Assessment of and quality improvement in the state diabetes health system’s performance and capacity.

Postal Survey. Thirty-nine organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews in 28 of the 39 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Eighteen of the 28 organizations met this criterion. Major organization types providing this service were state government, universities, CBOs and advocacy groups. Telephone survey results are summarized in Figure T9.

Assessment Meeting. Participants in this essential service work group included individuals from state agencies, universities, CBOs, research institutions and the private sector. Results from the meeting are summarized in Figure M9.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS plans and implements evaluation processes (e.g., the CDC’s Evaluation Framework) to identify strengths and weaknesses and to improve the effectiveness of personal and population-based diabetes-related health services within the state.

Telephone Survey	Assessment Meeting
<p>Nearly all essential service providers reported that they use national standards in the evaluation process. One-half or more reported that they evaluate personal health services and/or population-based services, monitor workforce credentials, conduct compliance reviews and use findings for improvement.</p>	<p>Key informants rated this standard as Substantially Met (51-75%) TDP contribution was judged to be 26-50%.</p>

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to evaluate effectiveness, accessibility and quality of personal and population-based diabetes-related health services.

Telephone Survey	Assessment Meeting
One-third to two-thirds of respondents could name one or more sources of technical assistance in evaluating diabetes-related health services, performance of the essential public health services, conducting consumer satisfaction surveys and using evaluation results in strategic planning processes.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 51-75%.

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to evaluate the effectiveness, accessibility and quality of population-based and personal diabetes-related health services on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Only three of 18 respondents were aware of any efforts in the state to review evaluation and quality improvement activities on a regular basis.	Key informants rated this standard as Partially Met (26-50%) TDP contribution was judged to be 0-25%.

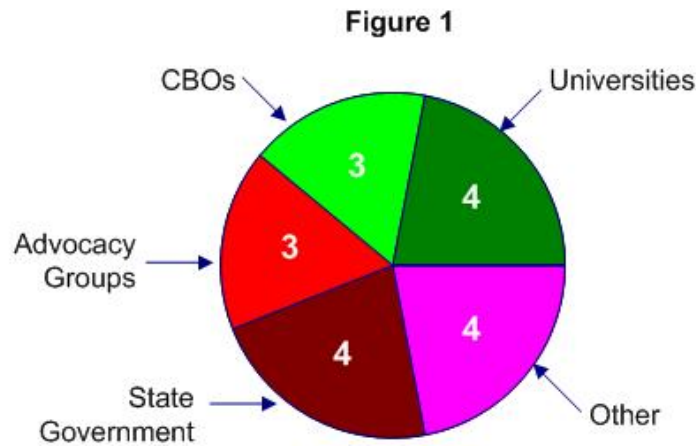
Indicator 4. Resources

Model Standard: The TDPHS effectively invests in, manages and utilizes its human, information, technology and financial resources to evaluate the effectiveness, accessibility and quality of population-based and personal diabetes-related health services.

Telephone Survey	Assessment Meeting
One-fifth to two-fifths of respondents agreed that existing resources are being directed to high priority areas, new resources are being sought, resources are being shared, and investment in technology is adequate to support evaluation efforts.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 0-25%.

Figure T9
Essential Public Health Service 9:
Evaluate Effectiveness, Accessibility and Quality of Personal and
Population-based Health Services
 Telephone Survey Results

Telephone interviews were conducted in 28 of the 39 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey, an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Eighteen of the 28 organizations met this criterion. For these 18, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Evaluate personal health services?	10	8
•Evaluate population-based services?	13	5
•Use national standards?	17	1
•Monitor workforce credentials?	12	6
•Conduct compliance reviews?	10	8
•Use findings for improvement?	13	5

Figure T9, cont'd
Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

- Evaluating health services?
- Evaluating public health system performance?
- Consumer satisfaction surveys?
- Using findings for improvement?

	Yes	No
•Evaluating health services?	11	7
•Evaluating public health system performance?	8	10
•Consumer satisfaction surveys?	6	11
•Using findings for improvement?	8	10

Technical assistance sources identified: American Diabetes Association, Texas Diabetes Council/Program, TDH Office of Border Health, Asian American Health Coalition, Center for Research on Minority Health, Texas Optometric Association, UT Health Science Centers, UT Pan American, UT School of Public Health, TAMU School of Rural Public Health, Texas Woman's University

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to

- Regularly review evaluation activities?

	Yes	No
•Regularly review evaluation activities?	3	15

Evaluation efforts identified: Medicare, Texas Diabetes Council.

Indicator 4. Resources

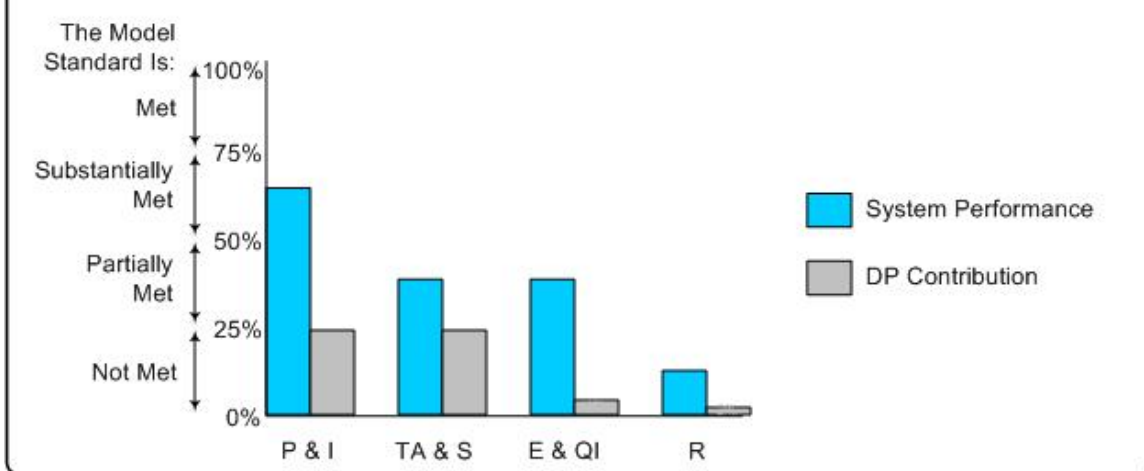
Do you think that

- Resources go to high priority areas?
- New resources are being sought?
- Resources are being shared?
- Technology to support evaluation?

	Yes	No	Don't Know
•Resources go to high priority areas?	7	5	6
•New resources are being sought?	4	14	
•Resources are being shared?	6	12	
•Technology to support evaluation?	6	12	

Figure M9
Essential Service 9:
Evaluate Effectiveness, Accessibility and Quality of Personal and
Population-Based Health Services
Assessment Meeting Results

Key informants for this essential service included individuals from state government, universities, CBOs, research institutions and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards.* Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS plans and implements evaluation processes (e.g., the CDC's Evaluation Framework) to identify strengths and weaknesses and to improve the effectiveness of personal and population-based diabetes-related health services within the state.

Observations and Gaps Identified

- School-based evaluations are being done.
- Little information is available about evaluation in private sector settings.
- Some underserved populations are especially hard to reach.
- Need monitoring of non-licensed as well as licensed personnel.
- A number of performance standards are available and in use.
- Need to focus on primary prevention and on physical zoning and environment.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26-50%, 51-75% and 76-100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M9 cont'd

Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to evaluate effectiveness, accessibility and quality of personal and population-based diabetes-related health services.

Observations and Gaps Identified

- Assistance is available if consumer asks the right question and knows what to do with the information. It is not user-friendly.
- Evaluation results not shared in the private sector.

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to evaluate the effectiveness, accessibility and quality of population-based and personal diabetes-related health services on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

- Some entities, e.g., community health centers, are very active in this regard.
- Quality improvement activities in general are not well integrated.

Indicator 4. Resources

Model Standard

The TDPHS effectively invests in, manages and utilizes its human, information, technology and financial resources to evaluate the effectiveness, accessibility and quality of population-based and personal diabetes-related health services.

Observations and Gaps Identified

- CDC is developing evaluation resources.
- We need to attract good people for training in this area.
- Public and non-profit agencies share results; the private sector keeps it private.

Essential Service # 10: Research for New Insights and Innovative Solutions to Health Problems

This service includes:

- A full continuum of research ranging from field-based efforts to foster improvement in public health practice to formal scientific research.
- Linkage with research institutions and other institutions and other institutions of higher learning.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed diabetes health services research

Postal Survey. Forty-four organizations reported that they provided this service.

Telephone Survey. Project staff conducted interviews 25 of the 44 organizations in which postal survey respondents reported that their organization provided this essential service. We classified an organization as a provider of this essential service if the telephone survey respondent reported the organization’s involvement in one or more of the activities associated with the “planning and implementation” indicator. Nineteen of the 25 organizations met this criterion. Major organization types providing this service were state government, universities, CBOs and advocacy groups. Telephone survey results are summarized graphically in Figure T10.

Assessment Meeting. Participants for this essential service included individuals from state agencies, universities, CBOs, research institutions and the private sector. Results from the meeting are summarized in Figure M10.

Indicator 1. Planning and Implementation

Model Standard: The TDPHS contributes to public health science by identifying and participating in research activities that address new insights in the implementation of the essential public health services.

Telephone Survey	Assessment Meeting
Nearly all essential service providers reported that they conduct research studies and communicate research findings. One-half reported that they develop research agendas and fund research studies.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 0-25%.

Indicator 2. Technical Assistance and Support

Model Standard: The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to research for new insights and innovative solutions to health problems.

Telephone Survey	Assessment Meeting
Most respondents could name one or more sources of technical assistance in communicating research findings, participating in research, interpreting research findings, and/or securing resources for research.	Key informants rated this standard as Not Met (0-25%) TDP contribution was judged to be 0-25%.

Indicator 3. Evaluation and Quality Improvement

Model Standard: The TDPHS reviews its activities to research for new insights and innovative solutions to health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Telephone Survey	Assessment Meeting
Only one of 19 respondents was aware of any efforts in the state to review an organization's ability to engage in diabetes-related public health research.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 0-25%.

Indicator 4. Resources

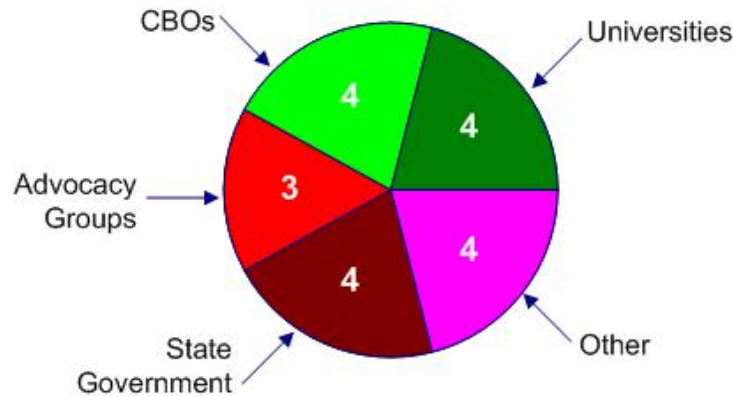
Model Standard: The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources for the conduct of research to meet the needs of the state's population. The TDPHS allocates existing resources to areas of highest need and plans for the development of new resources.

Telephone Survey	Assessment Meeting
One-half of respondents agreed that existing resources are being directed to high priority areas, and about one-third agreed that new resources are being sought, resources are being shared, and investment in technology is adequate to support research efforts.	Key informants rated this standard as Not Met (0-25%). TDP contribution was judged to be 0-25%.

Figure T10
Essential Public Health Service 10:
Research for New Insights and Innovative Solutions to Health Problems
 Telephone Survey Results

Telephone interviews were conducted in 25 of the 44 organizations in which postal survey respondents reported that their organization provided this essential service. In the telephone survey, an organization was classified as an essential service provider if the respondent reported the organization's involvement in one or more of the activities associated with the "planning and implementation" indicator. Nineteen of the 25 organizations met this criterion. For these 19, the organization type is shown in Figure 1 and responses to key questions associated with the four indicators are charted below.

Figure 1



Indicator 1. Planning and Implementation

<i>Does your organization...</i>	Yes	No
•Develop research agenda?	9	10
•Conduct research studies?	17	2
•Fund research studies?	9	10
•Communicate research findings?	18	1

Figure T10 cont'd Telephone Survey Results

Indicator 2. Technical Assistance and Support

Do you know of any organization, including your own, that offers technical assistance in

	Yes	No
•Participating in research?	15	4
•Securing resources for research?	12	7
•Interpreting research findings?	14	4
•Communicating research findings?	15	3

Technical assistance sources identified: US-Mexico Border Health Commission, Texas Diabetes Council/ Program, TDH Office of Border Health, UT School of Public Health, UT Health Science Centers, Texas Diabetes Institute, Pan American Health Organization, Robert Wood Johnson Foundation, Texas Department of Agriculture, UT Health Science Centers, Texas A&M, University of Houston

Indicator 3. Evaluation and Quality Improvement

Do you know of any efforts in the state to review

	Yes	No
•Public health research abilities?	1	18
•Ability to communicate findings?	1	
•Ability to provide technical assistance?	1	
•Public health research relevance?	1	

Evaluation efforts identified: National Endocrinology Society, Texas Diabetes Council/Program.

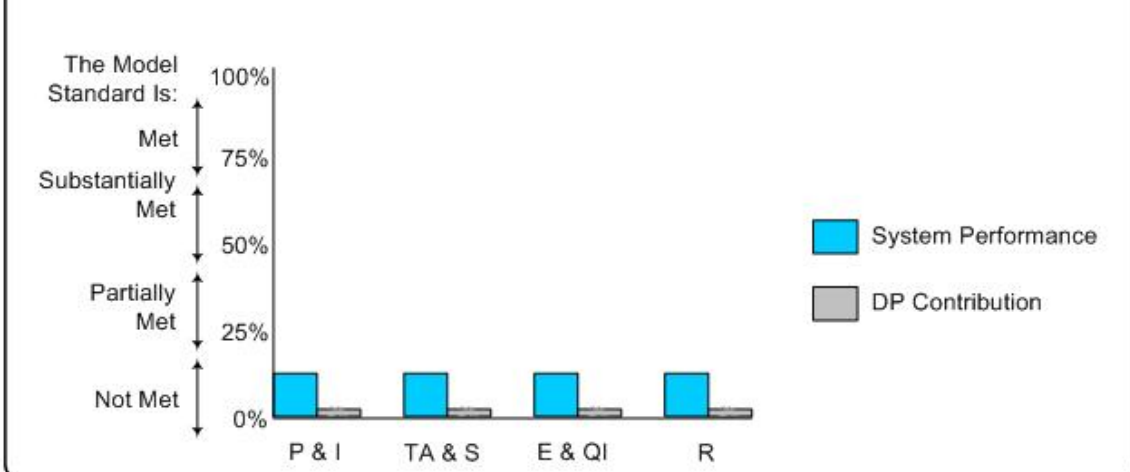
Indicator 4. Resources

Do you think that

	Yes	No	Don't Know
•Resources go to high priority areas?	10	3	6
•New resources are being sought?	7	11	1
•Resources are being shared?	8	10	1
•Sufficient investment in resources?	7	12	

Figure M10
Essential Service 10:
Research for New Insights and Innovative Solutions to Health Problems
Assessment Meeting Results

Key informants for this essential service included individuals from state government, universities, CBOs, research institutions and the private sector. The figure below summarizes the System Performance and Diabetes Program contribution ratings assigned by this group for each of the four indicators/model standards. Further below, observations and gaps identified by the group are listed for each indicator.



Indicator 1. Planning and Implementation

Model Standard

The TDPHS contributes to public health science by identifying and participating in research activities that address new insights in the implementation of the essential public health services.

Observations and Gaps Identified

- Do we really need a public health research agenda? We could use others developed nationally.
- Need to address the state’s demographic and geographic diversity.
- Many individual agendas do not add up to a statewide agenda.

*Meeting participants assigned System Performance scores and Diabetes Program Contribution scores using four response options: 0–25%, 26–50%, 51–75% and 76–100%. In the chart above, the mid-point of the response option was used to calculate the appropriate value for the bars representing System Performance and Diabetes Program Contribution. In addition the System Performance categories are associated with the following descriptors: The Model Standard is *not met* (0-25%), *partially met* (26-50%), *substantially met* (51-75%) or *met* (76-100%). The Diabetes Program contribution was calculated in relation to System Performance using the table in Appendix E.

Figure M10 cont'd Assessment Meeting Results

Indicator 2. Technical Assistance and Support

Model Standard

The TDPHS provides assistance, capacity building and resources to local public health systems and other state partners in their efforts to research for new insights and innovative solutions to health problems.

Observations and Gaps Identified

Indicator 3. Evaluation and Quality Improvement

Model Standard

The TDPHS reviews its activities to research for new insights and innovative solutions to health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.

Observations and Gaps Identified

Indicator 4. Resources

Model Standard

The TDPHS effectively invests, manages and utilizes its human, information, technology and financial resources for the conduct of research to meet the needs of the state's population. The TDPHS allocates existing resources to areas of highest need and plans for the development of new resources.

Observations and Gaps Identified

Assessment Meeting Evaluation

Participants in the Assessment Meeting expressed difficulty with the concept of a “diabetes public health system” and with the complexity of the assessment instrument. Although the facilitated consensus-building process was identified as a positive feature of the meeting, a number of participants felt that the pace was rushed and did not allow adequate time for discussion. The single greatest benefit reported by participants was increased knowledge about what others are doing; the role and activities of the Texas Diabetes Program/Council were specifically cited. Results of the participant evaluation of the meeting appear in Appendix F.

Summary and Recommendations

This assessment project collected information relevant to the State Diabetes Public Health System Performance Standards using two complementary methods: a two-stage survey of organizations that provide one or more of the ten essential public health services, and a meeting of key informants representing those organizations. The survey made it possible to (1) identify and describe the network of system partners involved in providing each essential service and (2) estimate the frequency, awareness of, and perceptions about standards-related activities in the state. The assessment meeting provided a forum for exchanging information and opinions among system partner organizations. It also produced numerical estimates of system performance and the Texas Diabetes Program’s contribution to that performance. Performance gaps identified in the meeting provide a starting point for future efforts to improve system functioning.

As the Texas Diabetes Program/Council moves beyond the system assessment phase into the system improvement planning phase the assessment project staff offers several recommendations.

Maintain communication with system partners identified through this assessment. If the diverse set of organizations involved in providing diabetes-related services in Texas is to function as an integrated, collaborative system, they must see themselves as part of a community of common interest. The Texas Diabetes Program/Council is positioned to build and maintain that sense of identity. The statewide meeting was an initial step in this process. The Program/Council should communicate the assessment findings to survey respondents and meeting participants. These stakeholders should be incorporated into the Program/Council’s regular print and/or electronic channels of communication.

Determine priorities for system improvement. The assessment meeting revealed many areas of less than optimal performance which might be addressed in an improvement plan. The Program/Council should devise a priority-setting process which incorporates input from the broad circle of system

partners. For example, the Program might undertake an internal process to identify a few Essential Services to focus upon, then involve external partners in determining how best to improve the provision of those services.

As the planning process unfolds, critically evaluate the findings from the assessment. Information obtained both from the survey and the meeting ultimately reflects the qualitative and quantitative perceptions of the respondents/informants who participated in the assessment process. Verification of these perceptions was beyond the scope of the project. If, for example, telephone survey respondents named particular organizations as sources of technical assistance no effort was made to ascertain whether they were correct. Similarly when meeting participants identified gaps in model standard performance it was unclear whether this should be attributed to the status of the system or to the participants' level of awareness about the system. The Texas Diabetes Program should begin the critical evaluation process by inviting feedback on this report, especially from known stakeholders who did not participate in the statewide assessment meeting.