



Program Principles and Management Approach

Goal: Demonstration of effective integration of performance improvement principle in statewide prevention initiative to address one Big Three topic.

Unit	Resources	Activities	Outputs	Outcomes	Impact
Counties	*Tobacco Settlement funds *Support of county government to accept funds	*WORKshops and planning days *Training staff and community partners *Implement evidence-based strategies	*Annual Plans *Semiannual Survey Gizmo reports *Special question surveys *CHIPATUs *Training Certificates (TATU, BMTF)	*Collaboration among TDH sister programs *Improved use of performance improvement and public health principles	*Documented population health improvement *Partnerships and collaboratives to accelerate improvements
Central Office	*Travel and planning day expenses *PPA technical support	*Logic models *PDCAs *Strategic maps *Public health concepts	*Semiannual reports for Commissioner/Legislative Team *Publications *SharePoint site	*BMTF service adoption by MCOs (pending) * Limited administrative costs	*Statewide improvement in two of three measures

Key outcomes	Why does this strategy work?
*96% of allocated county funds were disbursed by 12/10/16. *100% of counties submitted 6-month Survey Gizmo reports in timely fashion over 30 months *95 counties completed CHIPATUs *Counties created own or adopted best practice projects which were replicated by counties	*Initial workgroup advice (Central, regional and county representatives) set accepted tone and principles that were maintained over three years. *Clear guidelines were given for topic selection; Rising Stars introduced best practices. *Reliance on plans, not proposals, with flexible process for amendments. *Annual Planning Days and WORKshops with hands-on development of yearly Plans and use of cyclic PDCA process for robust project adjustments and improvements. *Use of range of experts as part of multi-layered training plan. *Budget flexibility helpful for counties. *Local ability to choose the projects for focus and investment over the initial 3-year period, as local priorities/need indicated, fostered community buy-in toward success. *Dual focus on project services and relationships development useful for sustainability.

What did we learn that promoted program management improvement?

- High turnover rate among county directors (25%), health educators (33%) and regional tobacco coordinators over three years required continuous training and re-introduction of program principles.
- Active sharing of products among counties recognized creativity and supported efficiency through replication.
- After having little discretionary money to spend on community prevention activities, some counties found it hard to use Tobacco Settlement funding in a timely fashion.
- Regular numbered Tobacco Settlement Memos effectively shared program information and instructions.
- Emphasis on training for targeted skills and product development was seen as helpful.
- Differences in budget years (calendar, ending December vs. fiscal, ending in June) made county budget and expenditures reporting difficult. Use of carryover funding was beneficial to counties but was somewhat problematic when meeting county budgeting, purchasing and contracting procedures and deadlines.
- State-county financing relationship changes (from reimbursement to up-front monies) were seen as helpful.
- Where placed, local part time dedicated personnel proved critical for program promotion and expansion.
- Technical issues made use of multiple reporting platforms difficult for submission and comparative study of reports.

Best practices

- Mixed county/regional/central office Rising Stars Team identified and introduced array of best practices
- County development for CHIPATUs for self-evaluation, public education and advocacy
- WORKshop training on literature (Rising Stars) and program evaluation (ETSU Public Health doctoral course class)