



## DSHS GRAND ROUNDS

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### Past Presentations – Fall 2010

- Oct. 27 - Developmental Influences in Early Childhood Mental Health
- Nov. 3 - Ethical Dilemmas in Practice
- Nov. 10 - Preterm Birth in Kentucky: A Public Health Challenge
- Nov. 17 - The Forensic Patient
- Dec. 1 - Does Prevention Pay Off? Assessing Benefits and Costs
- Dec. 8 - The Intersection between Quality Improvement and Epidemiology

**Oct. 27**

### Developmental Influences in Early Childhood Mental Health

**Presenter:**  
**Sarah Hinshaw-Fuselier, PhD, LCSW**  
Adjunct faculty, Univ. of Texas in Austin

#### Developmental Influences in Early Childhood Mental Health

**TRAIN Course ID:** 1024547

**Presenter:** Sarah Hinshaw-Fuselier, PhD, LCSW, Adjunct faculty at the Univ. of Texas at Austin

**Description:** This presentation will introduce participants to basic principles inherent in providing developmentally appropriate care to the youngest clients, particularly those aged 3-6 years. Case studies will help illustrate key concepts, such as the importance of the parent-child relationship in assessing and treating difficulties in early childhood. Clinical guidelines and major treatment methods that are supported by research will also be introduced.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Professional Counselors (LPC); Marriage and Family Therapists (MFT); Licensed Chemical Dependency Counselors (LCDC); and certificate of attendance.

**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us). *CE credit is only available for those attending the live event, not the recording.*

#### **Suggested reading:**

- 1) AACAP Practice Parameters at <http://www.jaacap.com/content/pracparam>
- 2) Anxiety. Vasey MW, Ollendick TH. In Handbook of Developmental Psychopathology, 2nd ed. Sameroff AJ, Lewis M, Miller SM. New York: Kluwer Academic/Plenum; 2000.
- 3) Attachment and Biobehavioral Catch-Up: An Intervention Targeting Empirically Identified Needs of Foster Infants. Dozier M, Lindheim O, Ackerman J. In Berlin L, Ziv Y, Greenberg M. Enhancing Early Attachments: Theory, Research, Intervention, and Policy. New York: Guilford Press; 2005.
- 4) Attachment Theory in Clinical Work with Children: Bridging the Gap between Research and Practice. Oppenheim D. and Goldsmith DF, editors. New York: Guilford Press; 2007.
- 5) Child Maltreatment, Attachment, and the Self System: Emergence of an Internal State Lexicon in Toddlers at High Social Risk. Beeghly M, Cicchetti D. *Development and Psychopathology* 1994; 6:5-30.
- 6) The Child with Special Needs. Greenspan SI, Weider S. Reading, MA: Addison-Wesley; 1998.

- 7) The Circle of Security™ Intervention: Differential Diagnosis and Differential Treatment. Cooper G, Hoffman K, Powell B, Marvin R. In Berlin L, Ziv Y, Greenberg M. *Enhancing Early Attachments: Theory, Research, Intervention, and Policy*. New York: Guilford Press; 2005.
- 8) *Clinical Studies in Infant Mental Health: The First Year of Life*. Fraiberg SH. New York: Basic Books, 1980.
- 9) *Don't Hit My Mommy!: A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence*. Lieberman AF and Van Horn P. Washington, DC: Zero to Three Press; 2005.
- 10) *Eating Disorders*. Chatoor I, Khushlani D. In *Handbook of Preschool Mental Health: Development, Disorders, and Treatment*. Luby J, ed. New York: Guilford Press; 2006.
- 11) The Emergence of Autobiographical Memory: A Social Cultural Developmental Theory. Nelson K, Fivush R. *Psychological Review*. 2004 Apr;111(2):486-511.
- 12) Evaluation of a Preventive Intervention for Maltreated Infants and Toddlers in Foster Care. Zeanah CH, Larrieu JA, Heller SS, Valliere J, Hinshaw-Fuselier S, Aoki Y, Drilling M. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2001 Feb;40(2):214-21.
- 13) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Shonkoff JP and Phillips DA, editors. Washington, D.C.: National Academies Press; 2000. Available at [http://www.nap.edu/catalog.php?record\\_id=9824](http://www.nap.edu/catalog.php?record_id=9824) (Scroll down to see full-text.)
- 14) *Handbook of Infant Mental Health*, 2nd ed. Zeanah CH. New York : Guilford Press; 2000.
- 15) *Handbook of Preschool Mental Health: Development, Disorders, and Treatment*. Luby J, ed. New York: Guilford Press; 2006.
- 16) Helplessness in Early Childhood: Prediction of Symptoms Associated with Depression and Negative Self-Worth. Kistner JA, Ziegert DI, Castro R, Robertson B. *Merrill-Palmer Quarterly*, 2001 July;47(3):336-54.
- 17) Marital Conflict and Children's Adjustment: A Cognitive-Contextual Framework. Grych JH, Fincham FD. *Psychological Bulletin*. 1990 Sep;108(2):267-90.
- 18) Maternal Depression and Child Development. Cummings EM ,Davies PT. *Journal of Child Psychology and Psychiatry*. 1994; 35:73-122.
- 19) [Meeting the Mental Health Needs of Poor and Vulnerable Children in Early Care and Education Programs](#), Azzi-Lessing L.
- 20) *Parent-Child Interaction Therapy*. Hembree-Kigin TL, McNeil CB. New York: Plenum Press, 1995.
- 21) *Pathways to Competence: Encouraging Healthy Social and Emotional Development in Young Children*. Landy S. Baltimore, MD: Paul H. Brookes Publishing Co.; 2002.
- 22) Posttraumatic Stress Disorder: Clinical Guidelines and Research Findings. Scheeringa MS, pp. 165-85. In *Handbook of Preschool Mental Health: Development, Disorders, and Treatment*. Luby J, ed. New York: Guilford Press; 2006.
- 23) [Pre-Kindergarteners Left Behind: Expulsion Rates in State Pre-Kindergarten Systems](#). Gilliam WS. New Haven, CT: Yale University Child Study Center; 2005.
- 24) Predicting Growth Curves of Externalizing Behavior across the Preschool Years. Owens EB, Shaw DS. *Journal of Abnormal Child Psychology*. 2003 Dec;31(6):575-90.
- 25) *Preschool PTSD Treatment*. Scheeringa M, Amaya-Jackson L, Cohen J. New Orleans, LA: Tulane University Medical Center, 2002.
- 26) *Prevention and Intervention Programs for Supporting Early Attachment Security*. Berlin LJ, Zeanah CH, Lieberman AF. In *Handbook of Attachment: Theory, Research, and Clinical Applications*, 2nd ed. Cassidy J, Shaver PR. New York: Guilford Press; 2008.
- 27) Psychopharmacological Treatment for Very Young Children: Contexts and Guidelines. Gleason MM, et al. *Journal of the Academy of Child and Adolescent Psychiatry*. 2007;46(12):1532-72. [To request a full-text copy of this article, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).]
- 28) *Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment*. Lieberman AF and Van Horn P. New York: Guilford Press; 2008.
- 29) *Trauma on Early Attachment*. Lieberman AF and Van Horn P. New York: Guilford Press; 2008.
- 30) *Relationship Disturbances in Early Childhood: The Developmental Approach*. Sameroff AJ, Emde RN. New York: Basic Books, 1989.
- 31) The Relative Efficacy of Two Interventions in Altering Maltreated Preschool Children's Representational Models: Implications for Attachment Theory. Toth SL, Maughan A, Manly JT, Spagnola M, Cicchetti D. *Development and Psychopathology*. 2002 Fall;14(4):877-908.
- 32) Risk for Psychopathology in the Children of Depressed Mothers: A Developmental Model for Understanding Mechanisms of Transmission. Goodman SH, Gotlib IH. *Psychological Review*. 1999 Jul;106(3):458-90.
- 33) *Sleep Disorders*. Burnham MM, Gaylor EE, Anders TF. In *Handbook of Preschool Mental Health: Development, Disorders, and*

Treatment. Luby J, ed. New York: Guilford Press; 2006.

34) Sleep Disorders. Burnham MM, Owens J. In Handbook of Infant Mental Health, 3rd ed. Zeanah CH. New York : Guilford Press; 2009.

35) Social Development: Psychological Understanding, Self-Understanding, and Relationships. Thompson RA, Goodvin R, Meyer S. In Handbook of Preschool Mental Health: Development, Disorders, and Treatment. Luby J, ed. New York: Guilford Press; 2006.

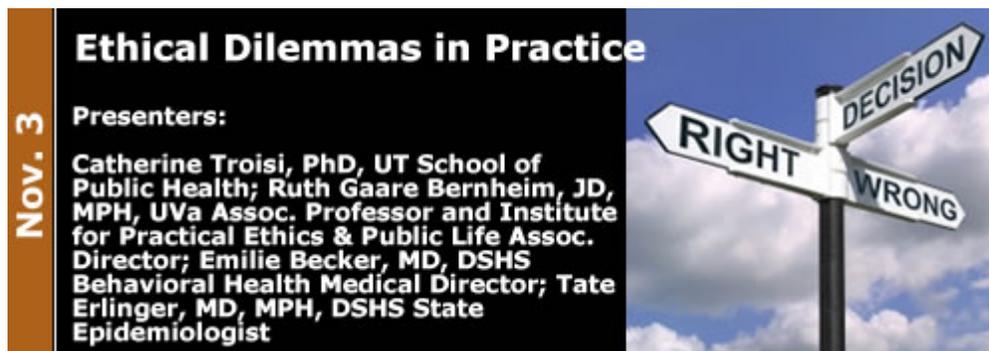
36) Social Support and Developmental Psychopathology. Thompson RA, Flood MF, Goodvin R. In Developmental Psychopathology, 2nd ed. Cicchetti D, Cohen DJ. Hoboken, NJ: John Wiley, 2006.

37) [Starting Smart: How Early Experiences Affect Brain Development](#). Hawley T. Washington, DC: Zero to Three Press; 2000.

38) [Texas' School-to-Prison Pipeline: Dropout to Incarceration – The Impact of School Discipline and Zero Tolerance](#). Austin: Texas Appleseed; 2007.

39) Training Parents as Therapists: A Comparison between Individual Parent-Child Interaction Training and Parent Group Didactic Training. Eyberg SM, Matarazzo RG. *Journal of Clinical Psychology*. 1980;36:492-9.

40) Trajectories Leading to School-Age Conduct Problems. Shaw DS, Gilliom M, Ingoldsby EM, Nagin DS. *Developmental Psychology*. 2003 Mar;39(2):189-200.



**Ethical Dilemmas in Practice**

**Nov. 3**

**Presenters:**

Catherine Troisi, PhD, UT School of Public Health; Ruth Gaare Bernheim, JD, MPH, UVa Assoc. Professor and Institute for Practical Ethics & Public Life Assoc. Director; Emilie Becker, MD, DSHS Behavioral Health Medical Director; Tate Erlinger, MD, MPH, DSHS State Epidemiologist

### Ethical Dilemmas in Practice

**TRAIN Course ID:** 1024659

**Presenters:** Catherine Troisi, PhD, Univ. of Texas School of Public Health; Ruth Gaare Bernheim, JD, MPH, Associate Professor, Univ. of Virginia and Associate Director of the Institute for Practical Ethics and Public Life; Emilie Becker, MD, Medical Director of Behavioral Health, DSHS; Thomas (Tate) Erlinger, MD, MPH, State Epidemiologist, DSHS

**Description:** Please join Catherine Troisi, PhD, as she facilitates a discussion on ethical issues in public health practice. Dr. Troisi will present a brief history of the evolution of public health ethics followed by Ruth Gaare Bernheim, JD, MPH who will give an overview of national thinking about public health ethics and efforts to develop tools to support practitioners. Dr. Catherine Troisi and Dr. Ruth Gaare Bernheim will be joined by panelists Dr. Tate Erlinger, State Epidemiologist and Dr. Emilie Becker, Medical Director of Behavioral Health for a discussion of case studies and the application of ethical principles.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education- Medical Ethics; Continuing Nursing Education (CNE); Social Workers (SW)-Ethics; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Professional Counselors (LPC); Marriage and Family Therapists (MFT); Licensed Chemical Dependency Counselors (LCDC); and certificate of attendance.

**Ethics credit for physicians and social workers.**

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### Suggested reading:

To request a full-text copy of any of the articles below, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

1) Case Studies in Public Health Ethics. Coughlin SS, Soskolne CL, Goodman KW. Washington, DC : American Public Health Association;1997. (W 50 C854 1997)

2) Ethical issues in public health practice in Michigan. Baum NM, et al. *Am J Public Health*. 2009 Feb;99(2):369-74.

3) [Ethics and Public Health Model Curriculum](#). Jennings B, et al. Washington, DC: Association of Schools of Public Health; 2003.

4) [Principles of the Ethical Practice of Public Health](#). New Orleans, LA: Public Health Leadership Society; 2002.

5) Public Health Ethics. Public Justification and Public Trust. Childress JF, Bernheim RG. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2008 Feb;51(2):158-63.

6) [Public Health Ethics \(short course\)](#). Chapel Hill, NC: Institute of Public Health, University of North Carolina School of Global Public

Health; 2004.

7) Public Health Ethics: The Voices of Practitioners. Bernheim RG. *J Law Med Ethics*. 2003 Winter;31(4 Suppl):104-9.

8) [Skills for the Ethical Practice of Public Health](#). Thomas J. New Orleans, LA: Public Health Leadership Society; 2004.

9) [Tools for Teaching Skills in Public Health Ethics](#). Chapel Hill, NC: University of North Carolina School of Global Public Health; 2005.



### Preterm Birth in Kentucky: A Public Health Challenge

**TRAIN Course ID:** 1024573

**Presenter:** Ruth Ann Shepherd, MD, FAAP, Director, Maternal and Child Health, Kentucky Department of Public Health, Cabinet for Health and Family Services, Frankfort, KY

**Description:** Please join national expert, Ruth Ann Shepherd, MD, FAAP to learn cutting edge information on preterm birth. Preterm birth is the major cause of neonatal mortality nationwide. Dr. Shepherd directs the Kentucky effort to identify the cause of the rise in prematurity rates. This presentation will discuss the causes and impact of preterm births as well as public health interventions such as home visiting to high risk mothers that have proven effective in reducing preterm birth. Dr. Shepherd will highlight the Kentucky partnership with the National March of Dimes and Johnson & Johnson Pediatric Institute to conduct a three year demonstration project promoting comprehensive, medical and multidisciplinary, evidence-based interventions in three Kentucky communities and how lessons from the Kentucky project may be applied to Texas.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Professional Counselors (LPC); Marriage and Family Therapists (MFT); and certificate of attendance.

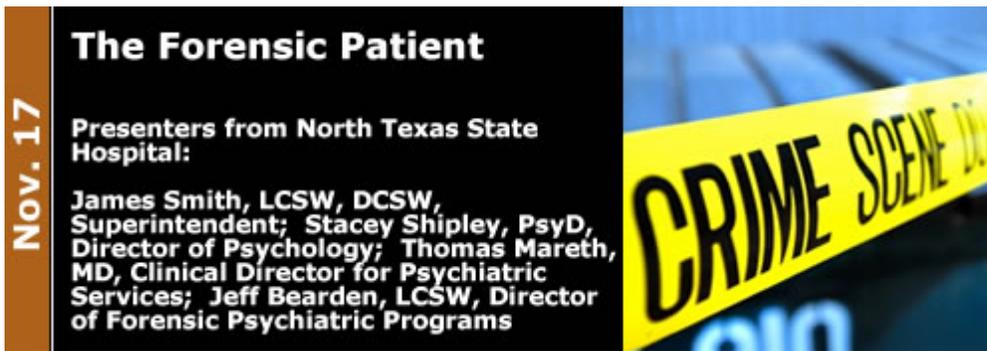
**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at [avlibrary@dshs.state.tx.us](mailto:avlibrary@dshs.state.tx.us). CE credit is only available for those attending the live event, not the recording.

#### **Suggested reading:**

To request a full-text copy of any of the articles below, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

- 1) Changes in the Gestational Age Distribution among U.S. Singleton Births: Impact on Rates of Late Preterm Birth, 1992 to 2002. Davidoff MJ, Dias T, Damus K, Russell R, Bettegowda VR, Dolan S, Schwarz RH, Green NS, Petrini J. *Semin Perinatol*. 2006 Feb;30(1):8-15.
- 2) Cold Stress and Hypoglycemia in the Late Preterm ("near-term") Infant: Impact on Nursery of Admission. Laptook A, Jackson GL. *Semin Perinatol*. 2006 Feb;30(1):24-7.
- 3) Developmental Regulation of the Immune System. Clapp DW. *Semin Perinatol*. 2006 Apr;30(2):69-72.
- 4) Drug Disposition in the Late Preterm ("near-term") Newborn. Ward RM. *Semin Perinatol*. 2006 Feb;30(1):48-51.
- 5) Early Discharge among Late Preterm and Term Newborns and Risk of Neonatal Morbidity. Tomashek KM, Shapiro-Mendoza CK, Weiss J, Kotelchuck M, Barfield W, Evans S, Naninni A, Declercq E. *Semin Perinatol*. 2006 Apr;30(2):61-8.
- 6) Elective Cesarean Section and Induction and Their Impact on Late Preterm Infants. Fuchs K, Wapner R. *Clin Perinatol*. 2006 Dec;33(4):793-801.
- 7) Emergency Department Visits and Rehospitalizations in Late Preterm Infants. Jain S, Cheng J. *Clin Perinatol*. 2006 Dec;33(4):935-45.
- 8) Epidemiology and Causes of Preterm Birth. Goldenberg RL, Culhane JF, Iams JD, Romero R. *Lancet*. 2008 Jan 5;371(9606):75-84.
- 9) Late-Preterm Infants. Committee on Obstetric Practice. ACOG committee opinion No. 404 April 2008. *Obstet Gynecol*. 2008 Apr;111(4):1029-32.
- 10) Epidemiology of Late Preterm (near-term) Births. Raju TN. *Clin Perinatol*. 2006 Dec;33(4):751-63.
- 11) Feeding Problems in the Late Preterm Infant. Adamkin DH. *Clin Perinatol*. 2006 Dec;33(4):831-7.

- 12) Gastrointestinal Maturation and Feeding. Neu J. *Semin Perinatol*. 2006 Apr;30(2):77-80.
- 13) Glucose Metabolism in the Late Preterm Infant. Garg M, Devaskar SU. *Clin Perinatol*. 2006 Dec;33(4):853-70.
- 14) Hyperbilirubinemia and Bilirubin Toxicity in the Late Preterm Infant. Watchko JF. *Clin Perinatol*. 2006 Dec;33(4):839-52.
- 15) Hypoxic Respiratory Failure in the Late Preterm Infant. Dudell GG, Jain L. *Clin Perinatol*. 2006 Dec;33(4):803-30.
- 16) The Impact of Multiple Gestations on Late Preterm (near-term) Births. Lee YM, Cleary-Goldman J, D'Alton ME. *Clin Perinatol*. 2006 Dec;33(4):777-92.
- 17) Infection in Late Preterm Infants. Benjamin DK Jr, Stoll BJ. *Clin Perinatol*. 2006 Dec;33(4):871-82.
- 18) Is the Late Preterm Infant More Vulnerable to Gray Matter Injury Than the Term Infant? Billiards SS, Pierson CR, Haynes RL, Folknerth RD, Kinney HC. *Clin Perinatol*. 2006 Dec;33(4):915-33.
- 19) Kernicterus in Late Preterm Infants Cared for as Term Healthy Infants. Bhutani VK, Johnson L. *Semin Perinatol*. 2006 Apr;30(2):89-97.
- 20) Late Preterm Gestation: Physiology of Labor and Implications for Delivery. Dobak WJ, Gardner MO. *Clin Perinatol*. 2006 Dec;33(4):765-76.
- 21) The Late Preterm Infant and the Control of Breathing, Sleep, and Brainstem Development: a review. Darnall RA, Ariagno RL, Kinney HC. *Clin Perinatol*. 2006 Dec;33(4):883-914.
- 22) "[Late-Preterm](#)" Infants: A Population at Risk. Engle WA, Tomashek KM, Wallman C; Committee on Fetus and Newborn, American Academy of Pediatrics. *Pediatrics*. 2007 Dec;120(6):1390-401.
- 23) Multiple Gestations and Late Preterm (near-term) Deliveries. Lee YM, Cleary-Goldman J, D'Alton ME. *Semin Perinatol*. 2006 Apr;30(2):103-12.
- 24) The Near-Term (late preterm) Human Brain and Risk for Periventricular Leukomalacia: A Review. Kinney HC. *Semin Perinatol*. 2006 Apr;30(2):81-8.
- 25) Neurodevelopmental Outcome of the Late Preterm Infant. Adams-Chapman I. *Clin Perinatol*. 2006 Dec;33(4):947-64.
- 26) Ontogeny of Autonomic Regulation in Late Preterm Infants Born at 34-37 Weeks Postmenstrual Age. Hunt CE. *Semin Perinatol*. 2006 Apr;30(2):73-6.
- 27) Optimizing Care and Outcome for Late-Preterm (near-term) Infants: A Summary of the Workshop Sponsored by the National Institute of Child Health and Human Development. Raju TN, Higgins RD, Stark AR, Leveno KJ. *Pediatrics*. 2006 Sep;118(3):1207-14.
- 28) An Overview of Mortality and Sequelae of Preterm Birth from Infancy to Adulthood. Saigal S, Doyle LW. *Lancet*. 2008 Jan 19;371(9608):261-9.
- 29) Physiology of Fetal Lung Fluid Clearance and the Effect of Labor. Jain L, Eaton DC. *Semin Perinatol*. 2006 Feb;30(1):34-43.
- 30) Place of Birth and Variations in Management of Late Preterm ("near-term") Infants. McCormick MC, Escobar GJ, Zheng Z, Richardson DK. *Semin Perinatol*. 2006 Feb;30(1):44-7.
- 31) Preeclampsia as a Cause of Preterm and Late Preterm (near-term) Births. Sibai BM. *Semin Perinatol*. 2006 Feb;30(1):16-9.
- 32) Preterm Birth: Causes, Consequences, and Prevention. Washington, D.C.: National Academies Press; 2007. Available at [http://www.nap.edu/catalog.php?record\\_id=11622](http://www.nap.edu/catalog.php?record_id=11622).
- 33) Primary, Secondary, and Tertiary Interventions to Reduce the Morbidity and Mortality of Preterm Birth. Iams JD, Romero R, Culhane JF, Goldenberg RL. *Lancet*. 2008 Jan 12;371(9607):164-75.
- 34) A Recommendation for the Definition of "Late Preterm" (near-term) and the Birth Weight-Gestational Age Classification System. Engle WA. *Semin Perinatol*. 2006 Feb;30(1):2-7.
- 35) Risk Factors for Neonatal Morbidity and Mortality among "Healthy," Late Preterm Newborns. Shapiro-Mendoza CK, Tomashek KM, Kotelchuck M, Barfield W, Weiss J, Evans S. *Semin Perinatol*. 2006 Apr;30(2):54-60.
- 36) The Role of Stillbirth Prevention and Late Preterm (near-term) Births. Hankins GD, Longo M. *Semin Perinatol*. 2006 Feb;30(1):20-3.
- 37) Short-term Outcomes of Infants Born at 35 and 36 weeks Gestation: We Need to Ask More Questions. Escobar GJ, Clark RH, Greene JD. *Semin Perinatol*. 2006 Feb;30(1):28-33.
- 38) Spontaneous Preterm Labor and Premature Rupture of Membranes at Late Preterm Gestations: To Deliver or Not to Deliver. Hauth JC. *Semin Perinatol*. 2006 Apr;30(2):98-102.
- 39) [Surgeon General's Conference on the Prevention of Preterm Birth](#). U.S. Department of Health and Human Services, Office of the Surgeon General. (June 16-17, 2008).



**The Forensic Patient**

**Nov. 17**

**Presenters from North Texas State Hospital:**

**James Smith, LCSW, DCSW, Superintendent; Stacey Shipley, PsyD, Director of Psychology; Thomas Mareth, MD, Clinical Director for Psychiatric Services; Jeff Bearden, LCSW, Director of Forensic Psychiatric Programs**

**The Forensic Patient**

**TRAIN Course ID:** 1024603

**Presenters:** James E. (Jim) Smith, LCSW, DCSW, Superintendent of North Texas State Hospital (NTSH); Stacey L. Shipley, PsyD, Director of Psychology at NTSH; Thomas R. Mareth, MD, Clinical Director for Psychiatric Services at NTSH; Jeff Bearden, LCSW, Director of Forensic Psychiatric Programs at NTSH

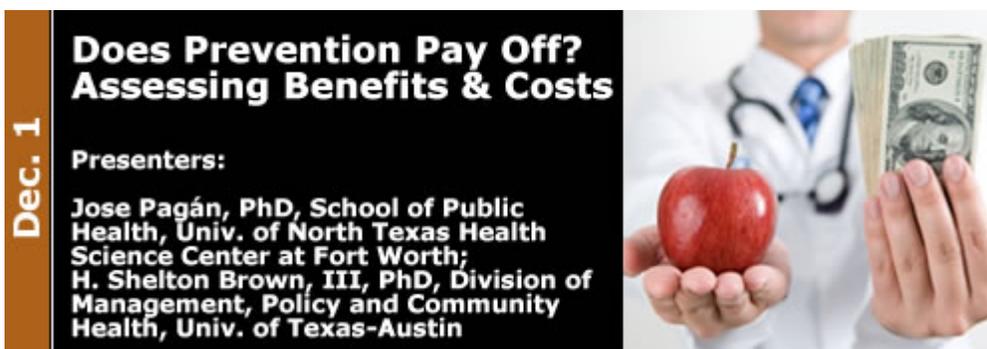
**Description:** This presentation will describe the forensic patient as served by the DSHS system, with specific reference to violence risk and the concept of Manifest Dangerousness. Using cases clipped from the headlines, faculty will cover implications for community safety, individualized treatment, civil liberties, determination of violence risk, and system dangerousness management processes including review boards, in helping the forensic patient move through the Continuum of Care.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; Licensed Professional Counselors (LPC); Licensed Chemical Dependency Counselors (LCDC); and certificate of attendance.

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**Suggested reading:**

- 1) The Efficacy of Violence Prediction: A Meta-Analytic Comparison of Nine Risk Assessment Tools. Yang M, Wong SC, Coid J. *Psychol Bull.* 2010 Sep;136(5):740-67.
- 2) Examining the Role of Static and Dynamic Risk Factors in the Prediction of Inpatient Violence: Variable- and Person-Focused Analyses. McDermott BE, Edens JF, Quanbeck CD, Busse D, Scott CL. *Law Hum Behav.* 2008 Aug;32(4):325-38.
- 3) [Texas Administrative Code, Title 25 Health Services, Part 1 Department Of State Health Services, Chapter 415 Provider Clinical Responsibilities--Mental Health Services, Subchapter G Determination Of Manifest Dangerousness, RULE §415.310 Procedures and Requirements Specific to the TDMHMR Review Board.](#)
- 4) Violence Risk and Threat Assessment: A Practical Guide for Mental Health and Criminal Justice Professionals. Meloy JR. San Diego, CA: Specialized Training Services; 2000.



**Does Prevention Pay Off? Assessing Benefits & Costs**

**Dec. 1**

**Presenters:**

**Jose Pagán, PhD, School of Public Health, Univ. of North Texas Health Science Center at Fort Worth; H. Shelton Brown, III, PhD, Division of Management, Policy and Community Health, Univ. of Texas-Austin**

**Does Prevention Pay Off? Assessing Benefits and Costs**

**TRAIN Course ID:** 1024681

**Presenters:** Jose Pagán, PhD, Professor and Chair of the Dept. of Health Management and Policy, School of Public Health, Univ. of North Texas Health Science Center at Fort Worth; H. Shelton Brown, III, PhD, Associate Professor of Health Economics in the Division of Management, Policy and Community Health at the Univ. of Texas-Austin and faculty at the Michael & Susan Dell Center for Advancement of Healthy Living Institute for Health Policy

**Description:** José A. Pagán, PhD and H. Shelton Brown, III, PhD will share tools and their experience in assessing the benefits and

costs of health and health care interventions and programs. These tools are useful to evaluate whether or not a program yields a return on investment for society as well as for the entity financing the program. They will also discuss the usefulness of distinguishing between business, economic, and social cases in the context of assessing the benefits and costs of health and health care programs.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; and certificate of attendance.

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**Suggested reading:**

To request a full-text copy of any of the articles below, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).

- 1) Adoption and Institutionalization of the Child and Adolescent Trial for Cardiovascular Health (CATCH) in El Paso, Texas. Heath EM, Coleman KJ. *Health Promotion Practice*. 2003;4(2):157–64.
- 2) Economic Analysis of a School-Based Obesity Prevention Program. Wang LY, Yang Q, Lowry R, Wechsler H. *Obesity Research*. 2003;11(11):1313–24.
- 3) Evaluation of the Institutionalization of the Coordinated Approach to Child Health (CATCH) in a U.S./Mexico Border Community. Heath EM, Coleman KJ. *Health Education & Behavior*. 2002;29(4):444–60.
- 4) Explicit incorporation of equity considerations into economic evaluation of public health interventions. Cookson R, Drummond M, Weatherly H. *Health Econ Policy Law*. 2009 Apr;4(Pt 2):231-45.
- 5) [Guide to Economic Evaluation in Health Promotion](#). Pan American Health Organization. 2007.
- 6) Lifetime Health and Economic Benefits of Weight Loss among Obese Persons. Oster G, Thompson D, Edelsberg J, Bird AP, Colditz GA. *American Journal of Public Health*. 1999;89(10):1536–42.
- 7) Obesity in Adulthood and Its Consequences for Life Expectancy: A Life-Table Analysis. Peeters A, Barendregt JJ, Willekens F, Mackenbach JP, Mamun AA, Bonneux, L; NEDCOM, the Netherlands Epidemiology and Demography Compression of Morbidity Research Group. *Annals of Internal Medicine*. 2003 Jan 7;138(1):24-32.
- 8) [A Practical Guide to ROI Analysis](#). [National Association of Chronic Disease Directors](#).
- 9) Predicting Obesity in Young Adulthood from Childhood and Parental Obesity. Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. *The New England Journal of Medicine*. 1997;337(13):869–73.
- 10) [Years of Healthy Life](#). [Erickson P, Wilson R, Shannon I. Healthy People 2000 Statistical Notes](#). 1995 Apr;(7):1-15.



**The Intersection between Quality Improvement and Epidemiology**

**TRAIN Course ID:** 1024947

**Presenters:** Thomas (Tate) Erlinger, MD, MPH, State Epidemiologist, DSHS

**Description:** Quality control and quality improvement rely fundamentally on the systematic measurement and monitoring of processes and outcomes. This approach, known as “Statistical Process Control” or SPC has been used for decades in manufacturing and engineering, but has only recently been introduced in healthcare settings to improve safety and quality. Epidemiologists and public health practitioners have used similar methods to track diseases in a population, yet few epidemiologists are trained in SPC. In this talk, Dr. Tate Erlinger (State Epidemiologist) will discuss the fundamentals of SPC and its parallel applications in epidemiology and public health practice.

**Continuing Education:** 1.5 contact hours of Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES); Registered Sanitarians; and certificate of attendance.

**Presentation documents:** To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at

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**Suggested reading:**

- 1) [Cottage Industry to Postindustrial Care--The Revolution in Health Care Delivery. Swensen SJ, Meyer GS, Nelson EC, Hunt GC Jr, Pryor DB, Weissberg JI, Kaplan GS, Daley J, Yates GR, Chassin MR, James BC, Berwick DM. N Engl J Med. 2010 Feb 4;362\(5\):e12.](#)
- 2) Defining Quality Improvement in Public Health. Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, Cofsky A. *J Public Health Man Pract.* 2010;16(1):5-7.

Many industries commonly use quality improvement (QI) techniques to improve service delivery and process performance. Yet, there has been scarce application of these proven methods to public health settings and the public health field has not developed a set of shared principles or a common definition for quality improvement. This article discusses a definition of quality improvement in public health and describes a continuum of quality improvement applications for public health departments. Quality improvement is a distinct management process and set of tools and techniques that are coordinated to ensure that departments consistently meet the health needs of their communities.

- 3) Improving Service Delivery in a County Health Department WIC Clinic: An Application of Statistical Process Control Techniques. Boe DT, Riley W, Parsons H. *Am J Public Health.* 2009 Sep;99(9):1619-25.

Local public health agencies are challenged to continually improve service delivery, yet they frequently operate with constrained resources. Quality improvement methods and techniques such as statistical process control are commonly used in other industries, and they have recently been proposed as a means of improving service delivery and performance in public health settings. We analyzed a quality improvement project undertaken at a local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic to reduce waiting times and improve client satisfaction with a walk-in nutrition education service. We used statistical process control techniques to evaluate initial process performance, implement an intervention, and assess process improvements. We found that implementation of these techniques significantly reduced waiting time and improved clients' satisfaction with the WIC service.

- 4) *Introduction to Statistical Quality Control.* Montgomery D. Hoboken, NJ: John Wiley & Sons. 2005.
- 5) Lost Versus Misplaced Samples: Improving Lab Quality with Pull Measures. Messinger B, Ahlin P. *Clinical Laboratory News.* 2010 Jan;36(1). <http://www.aacc.org/publications/cln/2010/January/Pages/safety1.aspx>.
- 6) *Priority Areas for Improvement of Quality in Public Health.* Honoré PA, Scott W. Washington, DC: Department of Health and Human Services. 2010. <http://www.hhs.gov/ash/initiatives/quality/quality/improvequality2010.pdf>
- 7) *The Quality Toolbox*, 2nd ed. Tague NR. Milwaukee, WI: ASQ Quality Press. 2004.
- 8) The Science of Improvement. Berwick DM. *JAMA.* 2008 Mar 12;299(10):1182-4. [To request a full-text copy of this article, please e-mail [library@dshs.state.tx.us](mailto:library@dshs.state.tx.us).]
- 9) [Statistical Process Control as a Tool for Research and Healthcare Improvement. Benneyan JC, Lloyd RC, Plsek PE. Qual Saf Health Care. 2003 Dec;12\(6\):458-64.](#)

Improvement of health care requires making changes in processes of care and service delivery. Although process performance is measured to determine if these changes are having the desired beneficial effects, this analysis is complicated by the existence of natural variation—that is, repeated measurements naturally yield different values and, even if nothing was done, a subsequent measurement might seem to indicate a better or worse performance. Traditional statistical analysis methods account for natural variation but require aggregation of measurements over time, which can delay decision making. Statistical process control (SPC) is a branch of statistics that combines rigorous time series analysis methods with graphical presentation of data, often yielding insights into the data more quickly and in a way more understandable to lay decision makers. SPC and its primary tool—the control chart—provide researchers and practitioners with a method of better understanding and communicating data from healthcare improvement efforts. This paper provides an overview of SPC and several practical examples of the healthcare applications of control charts.



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