

Public Health Standards in Washington State

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Centers for Excellence*

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Public Health Improvement Partnership (PHIP)

- Partnership
 - Washington State Department of Health
 - Washington State Association of Local Public Health Officials
 - University of Washington
 - Washington State Board of Health
 - Washington Health Foundation
 - Washington State Public Health Association
 - American Indian Health Commission
- Board of Directors
 - Co-Chaired by Department of Health and local health leadership
- Performance Management Committee
 - Directed the process and tools

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History of Standards in WA

2002: Baseline: Five Areas (Assessment, Communicable Disease, Environmental Health, Prevention & Promotion, Access)

2005: Added Administrative Capacity (Fiscal, Human Resources, Information Systems, Leadership & Governance); Wastewater Management; Food Safety; Access

2008: Twelve Areas plus focus on Food Safety; Tobacco

2011: Follow PHAB Part A and Ten Essential Services Domains (see handout); 30 Standards and 110 Measures; Communicable Disease; Wastewater Management; Physical Activity & Nutrition

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2008: Twelve Standard Areas

- Community Health Assessment
- Communication
- Community Involvement
- Monitoring Public Health Threats
- Responding to Public Health Emergencies
- Prevention and Health Education
- Addressing Gaps in Critical Health Services
- Program Planning and Evaluation
- Financial Management Systems
- Human Resources Systems
- Information Systems
- Leadership and Governance

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Benefits of Washington's Process

- Provides a system-wide snapshot
- Common language
- Create common expectations
 - What every person has a right to expect
- Capacity measures
- Site performance measureable over time

Standards for Public Health in Washington

Standard 1: Community Health Assessment



Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.

Dept of Health/State Board of Health Measures

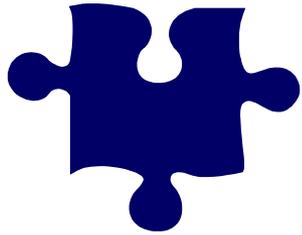
1.1S Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.

Local Health Jurisdiction Measures

1.1L Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.

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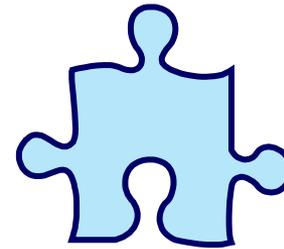
3 Basic Building Blocks for Improving Performance



Health Indicators

How healthy are we?
How does our health compare to others?
What specific problems could we address?

Population level data

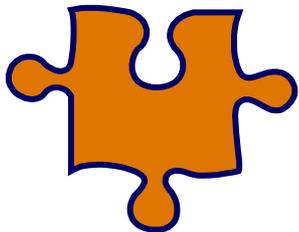


Quality Improvement Efforts - Program/Service Based

How can we improve the work we do - that will result in better health or protection?

Applied at the program or service level: distinct programs/services e.g. TB, Immunizations, WIC, Food safety.

Service-level data



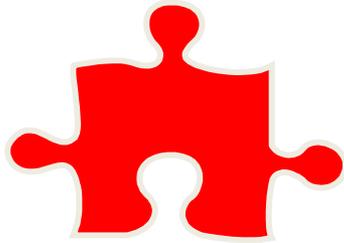
Standards and Measures

What should a health department be able to do?
Do we provide basic expected functions?
How do we compare to others?
Where do we need to improve?

System/organization level data

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An Emerging Building Block



Activities and Services

Is there a core set of activities and services that every jurisdiction should provide?

What data would we collect on activities and services?

Other important questions?

Agency level data

Putting the Pieces Together



Identify the weak spots in public health practice.

One Problem: Program evaluation is weak , so we do not routinely measure program impact on health.

One Example: We have not systematically evaluated immunization efforts. Our immunization rates for 2 year olds appear low for the 4th DTAP. We have seen increased pertussis. Can we improve the effectiveness of this service?

Change what is not working

Response: Provide training and tools on evaluation and apply to specific services. Implement strong evaluation. Use the results to make services more effective.

Example: Outreach to medical providers, parents and day care to address immunization. Better data collection. Increased outreach to parents.

Monitor Results

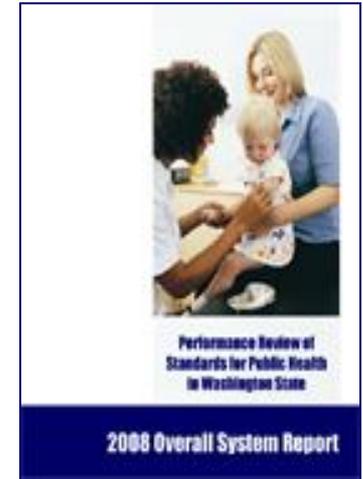
Track rates: Determine if strategies are working

Example: Did the strategies work? Immunization rates up? Pertussis down? If not - why not? Was success achieved one place - and why?

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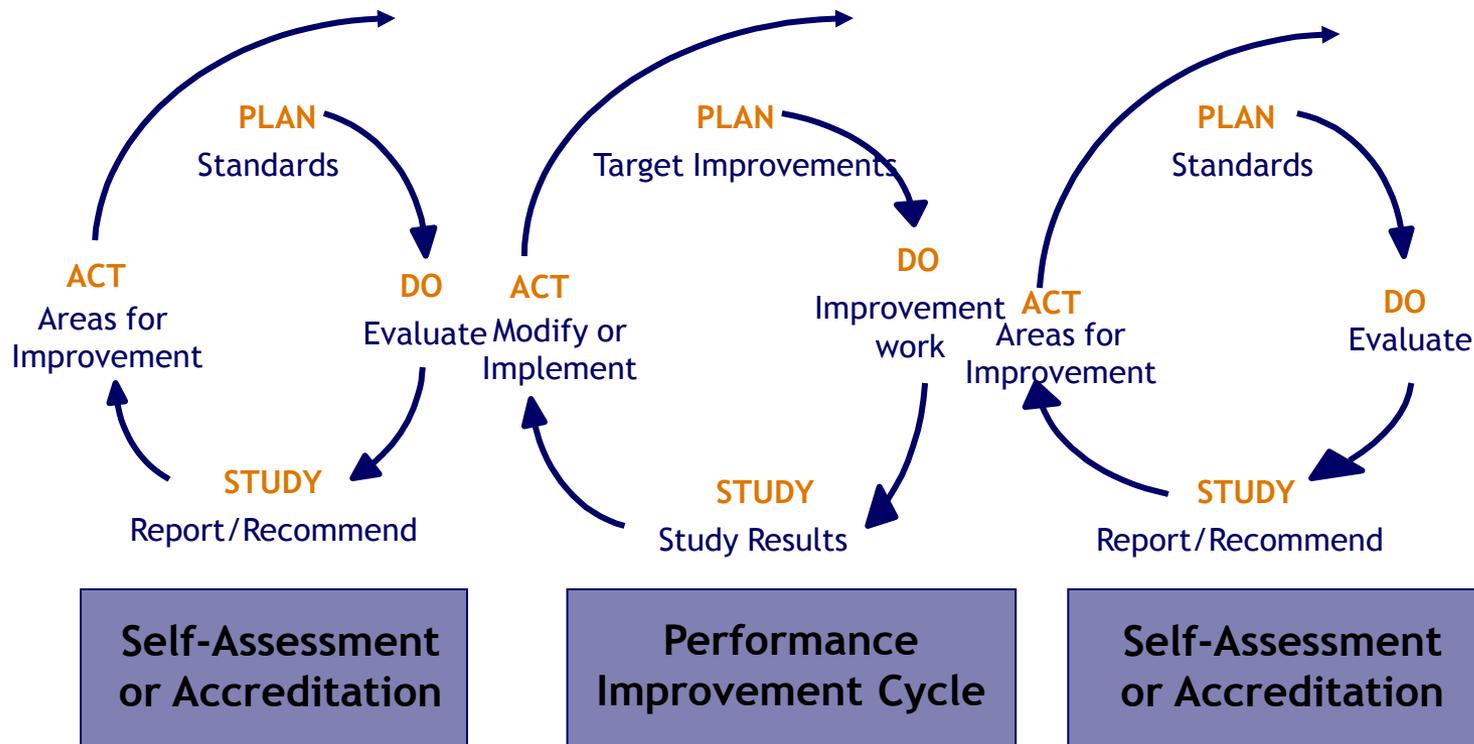
2011 System-wide Review

- Overall system report
- Individual site and special reports
- What we learned
 - Relationship of budget and FTEs to overall performance is nearing random (little or no correlation)
- Significant improvement over time



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Cycles of Improvement



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Comparison to Accreditation

Washington System

- System-wide snapshot
- Specific QI recommendations
- Full participation
- Full disclosure of scores

Accreditation

- County by county
- Pass or fail
- Confidential scores

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Washington Challenge

- Transition to accreditation
- Maintain our statewide results
- Maintain participation
- Make the process useful for Washington

Decision Making Tools

- Assessment of Washington process - comparison to accreditation
- Crosswalk of Washington standards with PHAB standards
- Communication plan
 - PHAB standards
 - Our options

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What Were Our Options

- Continue our process without adjustments
- End the Washington process
- Develop an accreditation process
- Blend of PHAB and Washington process to prepare for accreditation

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Discussions about Accreditation

- Presentations to
 - Washington State Association of Local Public Health Officials
 - Health Officers and Administrators
 - Nursing and Environmental Health Directors
 - State Board of Health
- Review and vet the PHAB standards
- PHAB Director, Kaye Bender, invited for special session

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Participation in Beta Test

- All sites in Washington encouraged to participate
- State health agency and several local health agencies submitted applications
- State health agency selected
- Site visit in June of 2010

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Revisions to the Public Health Improvement Partnership (PHIP) Structure

- Focus on governmental health agencies
- Smaller more focused committees and structure
- Change Public Health Improvement Plan focus
 - Public Health Assessment Improvement Plan
- Performance Management Committee
 - Standards and measures
 - Accreditation support

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Revisions to the Standards

- Permission from PHAB to use the PHAB standards for Washington review
 - 80% of Washington measures align
- Include the Washington standards and measures that were not part of the PHAB standards
- Optional standards - those PHAB standards that were not part of the Washington reviews in the past
- Basic set of standards - targeted for small local health agencies in touch economic times

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Revisions to the Process

- Results of the DOH Beta Test as the Washington review for DOH
 - All PHAB standards plus Washington standards and measures
- 34 local health reviews conducted in the Spring of 2011
 - Optional PHAB standards and measures
 - Washington only
 - Basic Set
- Use all results to prepare for accreditation

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The New Washington Standards Process for 2010-2011

- Use trained staff as reviewers for local health in 2011
- Sites will have the information to prepare for accreditation
- Results will give sites information for next cycle, or for accreditation preparation
- Washington will have state-wide results - “snapshot” of the state
- Washington will have recommendations for the public health system

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Our Goal

A predictable level of public health protection
throughout the state

“What every person has a right to expect.”

