

Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Child and Adolescent Health Program

The Standards and the 2005 Performance Assessment

Thank you for participating in the performance assessment of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the Centers for Disease Control and Prevention (CDC) Standards for Performance.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

This Report

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your program and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

Strengths

- The Healthy Child Care Washington (HCCW) program with structure of CCHCs including the strong training and evaluation component
- The assessment function associated with HCCW , with a contractor for consultation and technical assistance
- Training emphasis for staff and for partners (LHJs and community providers) including Excel spreadsheet documentation

Areas for Improvement

- Develop a QI plan that builds on activities, current performance and evaluation results.
- Assure training in Risk Communication and Emergency Response for all staff.

The Performance Assessment Approach

The performance assessment included all 35 local health jurisdictions (LHJs) in the state and 26 Department of Health (DOH) program sites selected by DOH for evaluation. Each site was asked to complete a self-assessment tool and to prepare for an on-site visit by organizing the documentation supporting the self-assessment on each measure.

For this cycle of assessment there were two new aspects that were not part of the 2002 Baseline Evaluation; the selection of specific environmental health and prevention and promotion programs for more in-depth review at the local LHJ level, and the evaluation of the new Proposed Administrative Standards and Measures. This expansion of the scope of the assessment was addressed through the training and use of internal DOH and LHJ reviewers working under the supervision of the external consultants.

During the DOH state site review, an independent consultant and an internal LHJ reviewer evaluated the documents and scored the measures. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

Results of the Site Review

The attached report is organized to follow the Standards format. The Standards have five topic areas (please note that these are not necessarily synonymous with program areas, there are organization-wide measures to be found in each of them). Within each of these five topic areas, four to five standards are identified for the entire governmental public health system. For each standard, specific measures are described for state level programs. For DOH sites, a Matrix was used to identify which measures were applicable to each specific program. Only the applicable measures were evaluated for performance. This report provides detailed results for just those measures that were applicable to the program.

Administrative Standards Results: For the Proposed Administrative Standards, this evaluation cycle was to evaluate the measures themselves and not to report site specific performance. The results of our evaluation of these standards and measures are at the system level only therefore, this report does not contain any results for the Proposed Administrative standards.

Comparability to the 2002 Baseline results: Due to the major revisions in the environmental health topic area of standards, none of the 2005 EH topic area results can be compared to the results of the 2002 Baseline. All the results in the four other topic areas should be considered comparable for DOH program sites.

The topic areas of the standards are often referred to with the following acronyms:

- Assessment = AS
- Communicable Disease = CD
- Environmental Health = EH
- Prevention and Promotion = PP
- Access = AC

This report provides you with the following information:

- *For all measures*: a table listing all the measures with the performance designation to serve as a quick reference tool in identifying the measures that demonstrated performance, those scored as a partial, and those that did not demonstrate performance against the measure.
- *For each measure* (we have not repeated these in the report in order to reduce the number of pages, but have grouped them under their overarching standard): the *score* assigned by the reviewer:
 - 2 = demonstrates the measure,
 - 1 = partially demonstrates the measure,
 - 0 = does not demonstrate the measure,
 - 8 = not applicable,
 - 9 = not able to rate [did not participate at a topic area level]

Comments provide clarification regarding the intent of the measure or the score assigned.

Documents lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.

Exemplary documents lists documents requested for review as potential examples in the exemplary practices compendium.

Next Steps

First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially in preparing for the site reviews.

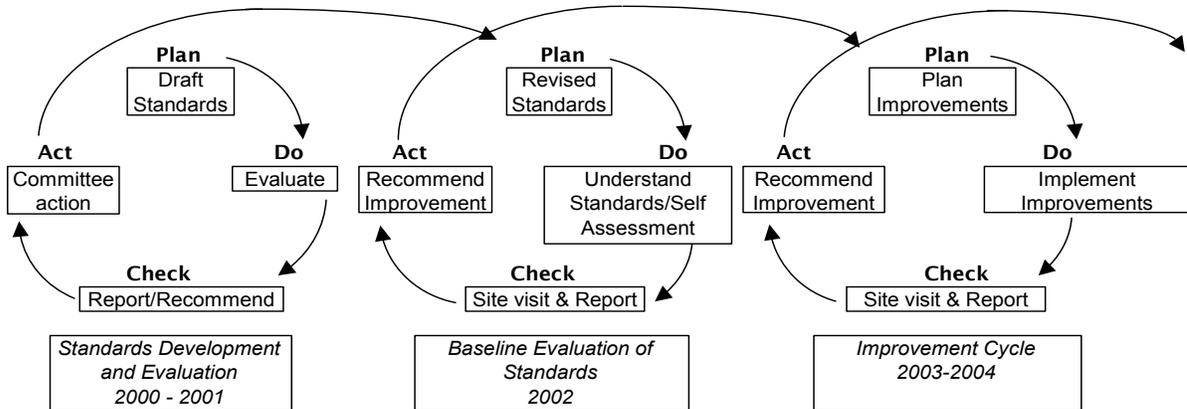
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- ***Exemplary practices***: The Exemplary Practices Compendium provides you with documentation from many of the LHJs and DOH programs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2005 at www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm .
- ***Statewide initiatives*** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease, and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice

and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

Finally, begin preparing now for the next performance assessment. The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



Strategies for building on your current performance:

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. Numerous state programs used an electronic format for all their documentation in this cycle.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another program may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in state-wide improvement efforts that are identified through PHIP work, other multi-disciplinary efforts or by getting technical assistance from other state programs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

Program: Child and Adolescent Health

Topic: 1. Understanding Health Issues

Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 1.1 S	2		Requests for Technical Assistance excel spreadsheet, MCH Data Dictionary, Requests by Preferred Data Source and Use Type - 6/03	Requests by Preferred Data Source and Use Type - 6/03
AS 1.2 S	2		MCH Assessment Data Request Form, Healthy Youth Survey (HYS) website-- MCH assessment unit contact, MCH Assessment Customer Liaisons List	MCH Assessment Data Request Form
AS 1.3 S	2		MCH Combined List of Priorities - 1/05, Pregnancy Risk Assessment Monitoring System (PRAMS) 2005 Grant, SSDI Grant Narrative Summary Progress Report -- 6/05	
AS 1.5 S	2		Biosketches for several MCH assessment staff, June 2004 and November 2004 training for CCHCs regarding data collection.	

Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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Note: Totals may not equal 100% due to rounding.

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AS 3.2 S	0		No documentation provided
AS 3.3 S	2	Unable to determine if the evaluation for HCCW is a regular report to document progress toward goals for this program, but since this report was completed in 2004 it meets the measure's requirement.	Healthy Child Care WA-- Evaluation Report-- 10/03-3/04
AS 3.4 S	2		PHS Training excel -- PH Assessment Methods training - 3/05, CAH Retreat Agenda - 5/24/04 with Logic Model and Outcome Maps,
AS 3.5 S	1	Unable to identify performance monitoring data or analysis of performance measures as part of this evaluation report or documentation on how the evaluation findings have been used to improve the program.	Final Report- Six Years of Abstinence Education--12/03

Standard 4: Health Policy Decisions are guided by health assessment information, with involvement of representative community members.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 4.1 S	2		Sex Ed Guidelines, Growing Up Healthy Report	
AS 4.3 S	2		Growing Up Healthy Focus Group Assessment report-11/04	

Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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Topic: 3. Assuring a Safe, Healthy Environment for People

Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH 2.5 S	0	No documentation of staff attending or participating in risk communication training. Documentation for Emergency Preparedness is for review of the plan online, but not for completing online training module, or any other EPR training.	Email from Reid- 7/1/05 regarding training needs, CAH statement for review of DOH EPR plan online-- 7 staff	

Topic: 4. Prevention is Best: Promoting Healthy Living

Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 1.1 S	1	Emails contain information regarding new information or resources available online or as a result of literature search. It isn't clear from this documentation how this information is used to contribute to health policy choices.	3 emails from contractor to distribution list, distribution list	
PP 1.2 S	2	The Evaluation Handbook contains references on how LHJ and other agency staff can obtain assistance and consultation regarding development, delivery, or evaluation of prevention and promotion initiatives.	Distribution Dates and Consultation Notes from contractor, Contractor SOW for consultation and technical assistance, CCHC Evaluation Handbook	

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PP 1.4 S	2	The Evaluation Handbook is a good tool for assisting staff on the local level in collecting information for program evaluation.	CCHC Evaluation Handbook- 6/21/04, DOH HCCW Interim Report-- 7-9/04	CCHC Evaluation Handbook- 6/21/04
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Standard 2: Active involvement of community members is sought in addressing prevention priorities.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 2.2 S	2		HCCW Collaborative System Development Tracking log, HCCW 2003-2004 Evaluation Report-- Executive Summary, PHND 2/05 meeting agenda, HCCW Evaluation/Data Collection PPT--6/04	HCCW Collaborative System Development Tracking log,
PP 2.4 S	2		Community Involvement agenda, PPT, and training Log; Resources for Involving Communities document	

Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 3.1 S	2		HCCW Executive Summary, Advisory Committee distribution, 2005 HCCW Annual Conference brochure, PHND meeting Agenda - 2/05	
PP 3.2 S	1	The documentation includes a description of the gap in services (Module 11 information) and a plan for evaluation against performance measures for this program, but as the evaluation has not yet been conducted it does not fully demonstrate this measure.	Adequate Nutrition & PA-- Early Childhood (ages 0-5), Module 11 Consulting to Promote Healthy Lifestyles, Consulting to Promote Healthy Lifestyles Evaluation Plan	

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PP 3.3 S	2	The HCCW Advisory Retreat notes and parking lot demonstrate a review of program evaluation findings and community efforts in the delivery of HCCW services, and describes some improvement activities to address the discussion items.	HCCW 9/04 Retreat Notes and Parking Issues,
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Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 4.1 S	2		Contractor's consultation lo, 2 emails to LHJs regarding specific funding opportunities	
PP 4.2 S	2		Promoting First Relationships-- History, Bios of PFR Staff	
PP 4.3 S	2		HCCW Report Final--7/04	
PP 4.4 S	2		Codesheets, Encounter Form, Provider Action Plan Form, June 2004 Training agenda, November 2004 and February 2005 TA logs	
PP 4.5 S	2		PHS Training Measures excel spreadsheet, HCCW Conference	

Standard 5: Health promotion activities are provided directly or through contracts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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PP 5.1 S	2	Sample HCCW LHJ SOW, HCCW Evaluation Report-- 2004	
PP 5.2 S	2	Consulting to Promote Healthy Lifestyles in Early Childhood Settings-- Module 11 References and Resources, HCCW Conference Brochure, June 28 Training agenda	
PP 5.3 S	2	Caring for Our Children Health Promotion Standards, Child Profile summer 04 newsletter, CHILD Profile systematic approach, promotion materials in other languages, Grant County Pilot Evaluation	
PP 5.4 S	2	HCCW Report-Final- 7/04	HCCW Report-Final- 7/04
PP 5.5 S	2	Health Promotion: It's Integral Role in PH agenda and PPT, Staff training roster, Resources for HP training document	

Topic: 5. Helping People Get the Services They Need

Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 2.3 S	2		Smile Survey 2005 -- Preliminary Report	

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Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 3.1 S	0	The Health of Washington State report for Adolescent Pregnancy and Childbearing does not include information about barriers for adolescents' access to Critical Health Services such as family planning services or prenatal care.	Health of WA Adolescent Pregnancy and Childbearing section, Cover letter and distribution list for 2004 HWS supplement	
AC 3.2 S	2		DOH Report on the Implementation of SB 6020-- (School Sealant Endorsement for Dental Hygienists and Assistants)	

Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 4.1 S	2		Guidelines for Sexual Health Information and Disease Prevention, 2 emails for distribution of the new guideline	
AC 4.2 S	1	This measure requires that training in QI methods is available and documentation did not show QI training. The TPP protocol, as described by the flowchart, provides technical assistance regarding the use of the Logic Model. The Logic Model addresses a portion of the quality improvement process and is one tool for developing the "Plan" step of the Plan-Do-Check-Act cycle	TPP Technical Assistance Protocol, Teen Pregnancy Prevention Projects Evaluation --- SOW	
AC 4.3 S	1	This document describes an excellent curriculum evaluation pilot project, and might be considered an activity on a more comprehensive QI plan, but does not constitute a program quality improvement plan.	Abstinence Education Media Literacy Evaluation	

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Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	78%	67%
% Partially Demonstrates:	14%	23%
% Does not Demonstrate:	8%	10%

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Note: Totals may not equal 100% due to rounding.

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Child and Adolescent Health

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AS 1.1 S	2	Demonstrates
AS 1.2 S	2	Demonstrates
AS 1.3 S	2	Demonstrates
AS 1.5 S	2	Demonstrates
AS 3.2 S	0	Does not Demonstrate
AS 3.3 S	2	Demonstrates
AS 3.4 S	2	Demonstrates
AS 3.5 S	1	Partially Demonstrates
AS 4.1 S	2	Demonstrates
AS 4.3 S	2	Demonstrates
AS 5.2 S	2	Demonstrates

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 2.5 S	0	Does not Demonstrate

4. Prevention is Best: Promoting Healthy Living

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
PP 1.1 S	1	Partially Demonstrates
PP 1.2 S	2	Demonstrates
PP 1.4 S	2	Demonstrates
PP 2.2 S	2	Demonstrates
PP 2.4 S	2	Demonstrates
PP 3.1 S	2	Demonstrates
PP 3.2 S	1	Partially Demonstrates

PP 3.3 S	2	Demonstrates
PP 4.1 S	2	Demonstrates
PP 4.2 S	2	Demonstrates
PP 4.3 S	2	Demonstrates
PP 4.4 S	2	Demonstrates
PP 4.5 S	2	Demonstrates
PP 5.1 S	2	Demonstrates
PP 5.2 S	2	Demonstrates
PP 5.3 S	2	Demonstrates
PP 5.4 S	2	Demonstrates
PP 5.5 S	2	Demonstrates

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AC 2.3 S	2	Demonstrates
AC 3.1 S	0	Does not Demonstrate
AC 3.2 S	2	Demonstrates
AC 4.1 S	2	Demonstrates
AC 4.2 S	1	Partially Demonstrates
AC 4.3 S	1	Partially Demonstrates