

# Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: IDRH, Family Planning, Reproductive 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 FPRH Manual developed and distributed to LHJs with letter offering assistance
- The tools and templates for standardizing processes and data collection, such as the chart review form and the FPRH manual
- The initiative to increase access to Emergency Contraception
- The Non-citizen Pilot Project

### ***Areas for Improvement***

- Clarify consulting and technical assistance roles more explicitly and make this information available on your website, along with information on how to request these services

- Identify specific performance measures and link to comparisons of data results

### ***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.

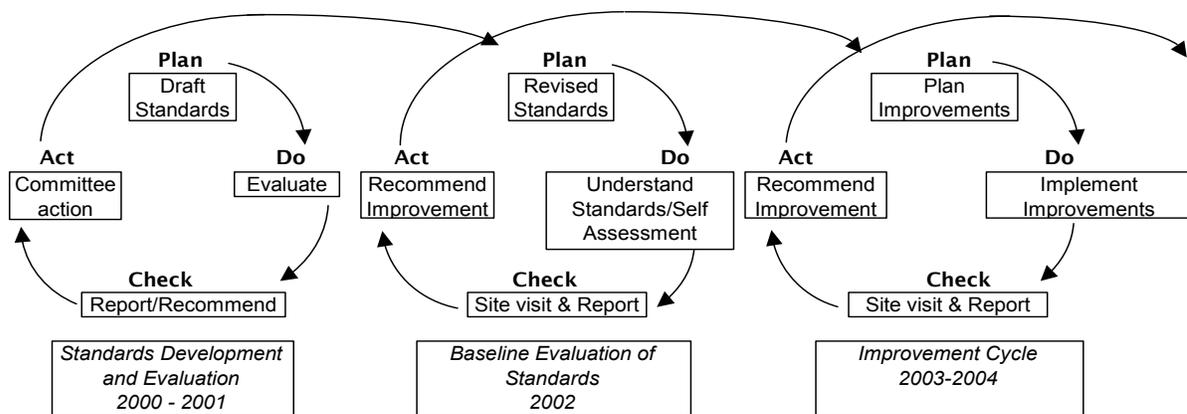
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and 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/phil/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/phil/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: Family Planning / Reproductive 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		Local 2005 "Region X Clinic Visit Record" form, Region X CVR Instruction Manual, 3 emails with consultation TA	
AS 1.2 S	2		Description of staff responsibilities for providing TA and consultation, List of LHJ and other agency contacts for FPRH staff, letter re FPRH manual to LHJS	
AS 1.3 S	2		Scope of work--- CY 2005- Assessment Unit Activity for FPRH efforts, Part-time assessment staff classification questionnaire	
AS 1.5 S	1	Documentation does not provide evidence of coordinated statewide training or peer exchange opportunities	Resume for part-time assessment staff and staff member's training certificates	

**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	1	Documentation does not provide evidence of performance measures	2003 Proposal for State-Added Questions to BRFSS, 2003 & 2004 reports examples of treatment data requests, 2005
AS 3.3 S	1	Documentation shows data collection and analysis with annual percent of change, but does not indicate regular reports on progress toward goals	Proposal for State-Added questions on 2003 BRFSS, Title X tables and data for 2003 & 2004
AS 3.4 S	2		Social marketing class with small evaluation component, Monitoring evaluation tool-2002
AS 3.5 S	1	Documentation showing how EC packet distribution improved using data from CVR form. Data, however is from 2000 and 2001, with no documentation of more recent data used for program analysis and improvement or documentation of other performance measures	Example of Emergency Contraception packet distribution with data comparing 2000 to 2001

**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		EC in the ER Task Force 7-03 meeting minutes, Non-citizen Advisory Committee Meeting Minutes - 5/13/05	
AS 4.3 S	2	Workplan indicates goals related to collecting and analyzing assessment data and how they are linked to decisions	2005 Work Plan (Year Two) --- FPRH grant application for Title X -- Goal 2	

**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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AS 5.2 S	1	Good documentation of procedure for assuring confidentiality of records, but no reports provided showing that data are submitted in secure manner.	Region X CVR Manual--- HIPAA Compliance section
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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 training in risk communication or of attendees and training session for ERP	New market Campus ERP with note stating topic on FPRH staff agenda	

### 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	It is unclear how this best practices summary includes information or is linked to new or emerging health issues.	Best Practices, Lessons Learned and Recommendations Non-Citizen Project Report- 6/05; Distribution List to Non-Citizen Advisory Council	
PP 1.2 S	2		1/05 letter to LHJ program directors with new FPRH program manual, On-Site Monitoring tool for Title X agencies	
PP 1.4 S	1	While this progress report provides some evaluation information, there is no evidence of incorporation of health assessment data or program evaluation data in reporting progress.	1/04-7/04 Progress Report for Title X	

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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		Section III Title X Program Priorities and Key Issues, Distribution memo to all Title X agencies	
PP 2.4 S	1	This measure requires training in community involvement and/or mobilization methods, therefore training in cultural competency does not fully meet the intent of this measure.	May 2004 Cultural Competency training agenda and staff evaluations	

**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		Provider Task Force Meeting- 3/05 minutes, Title X Non-Citizen Pilot Project--2004 Final Report Summary	Provider Task Force Meeting- 3/05 minutes, Title X Non-Citizen Pilot Project--2004 Final Report
PP 3.2 S	1	No documentation of a gap analysis or of integrating gap analysis information into priority setting process.	Annual 2004 Title X Report of clients and services	
PP 3.3 S	0	The documentation provided does not contain a QI plan or information regarding evaluation of community mobilization efforts, evaluation findings, etc. that is required in this measure.	Updated compliance plan- 1/25/05	

**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>
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PP 4.1 S	1	The contact of TA & consultation is distinct from contract monitoring & compliance. Compliance reviews appear to primarily result in identifying items or activities that the LHJ must complete, although a few of the items identify TA or assistance that FPRH will provide to the LHJ.	Two write-ups of LHJ contract compliance reviews (10/03 & 12/04), Spring 2004 email information regarding funding opportunities	
PP 4.2 S	2	Documentation shows review of interventions for state and federal requirements, including professional requirements.	Federal Audit tool and results for 2004 and Updated Compliance Plan-- 1/05	
PP 4.3 S	1	No documentation of use of the utilization data to develop recommendations for program improvement or on comparison of results to goals or objectives for program performance	Aggregate data tables from CVR for 2003 2004	
PP 4.4 S	2		10/04 CVR changes memo to Family Planning agencies, 2005 Revised CVR Instruction Manual	10/04 CVR changes memo to Family Planning agencies, 2005 Revised CVR Instruction Manual
PP 4.5 S	2		2 staff attendance at Reproductive Health Conference- 3/30/05,	

**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>
PP 5.1 S	2		Women's Health Activities Update- 2004;	
PP 5.2 S	2		Preventing Sexual Coercion literature search summary and sample packet with cover letter, conference scholarship opportunity memo	

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PP 5.3 S	2		2004 Federal Audit form and summary, H.E.R.E. Health Education Resource Exchange page, New Birth Control Methods brochure, Information and Education Committee minutes
PP 5.4 S	1	No documentation of data on target audience or number of attendees or of use of information to improve program curricula	On-Site Monitoring Tool-- Information & Education section, LHJ Program Evaluation summary for administrative functions
PP 5.5 S	1	Only 1 staff member training information	1 staff member attendance at NICHE 2001

## 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 2.1 S	2		Title X Non-Citizen Pilot Project Final report Summary--1/05	
AC 2.3 S	1	While the data and analysis describe contraceptive use, the gaps in access to contraceptive services are not readily apparent in this documentation.	2001 FP BRFSS data reports	

### 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	Minutes do not contain any information about access barriers	DOH/DSHS FP Quarterly meeting minutes-12/04	

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AC 3.2 S	0	Documentation does not indicate performance measures for coordination of CHS among delivery providers.	FP Combined contract statement of work--- 1/05-12/06
AC 3.3 S	0	This document does not address this measure	Billing third party payors

**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	1	No documentation regarding changes in the delivery system was provided	Best Practices. Lessons Learned, and Recommendations outline- 6/05, Provider Task Force distribution list	
AC 4.2 S	0	training documents provided did not include any QI methods content	No documentation	
AC 4.3 S	1	No evidence of a QI plan, although the monitoring tool includes a requirement for a QI plan	Sample On-Site Monitoring tool-- TX 10.4-- Quality Assurance	

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# Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	<b>42%</b>	<b>67%</b>
% Partially Demonstrates:	<b>42%</b>	<b>23%</b>
% Does not Demonstrate:	<b>16%</b>	<b>10%</b>

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

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## **Family Planning / Reproductive 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	1	Partially Demonstrates
AS 3.2 S	1	Partially Demonstrates
AS 3.3 S	1	Partially 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	1	Partially 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	1	Partially Demonstrates
PP 2.2 S	2	Demonstrates
PP 2.4 S	1	Partially Demonstrates
PP 3.1 S	2	Demonstrates
PP 3.2 S	1	Partially Demonstrates

PP 3.3 S	0	Does not Demonstrate
PP 4.1 S	1	Partially Demonstrates
PP 4.2 S	2	Demonstrates
PP 4.3 S	1	Partially 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	1	Partially Demonstrates
PP 5.5 S	1	Partially Demonstrates

*5. Helping People Get the Services They Need*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AC 2.1 S	2	Demonstrates
AC 2.3 S	1	Partially Demonstrates
AC 3.1 S	0	Does not Demonstrate
AC 3.2 S	0	Does not Demonstrate
AC 3.3 S	0	Does not Demonstrate
AC 4.1 S	1	Partially Demonstrates
AC 4.2 S	0	Does not Demonstrate
AC 4.3 S	1	Partially Demonstrates