Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: IDRH, HIV/AIDS 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 comprehensive and user-friendly information available on the website
- The progress reports to CDC-- the goals and objectives are well done
- The statewide data base and the HIV monthly report
- The Quality Improvement Plan

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
- Improve tracking of staff training

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.

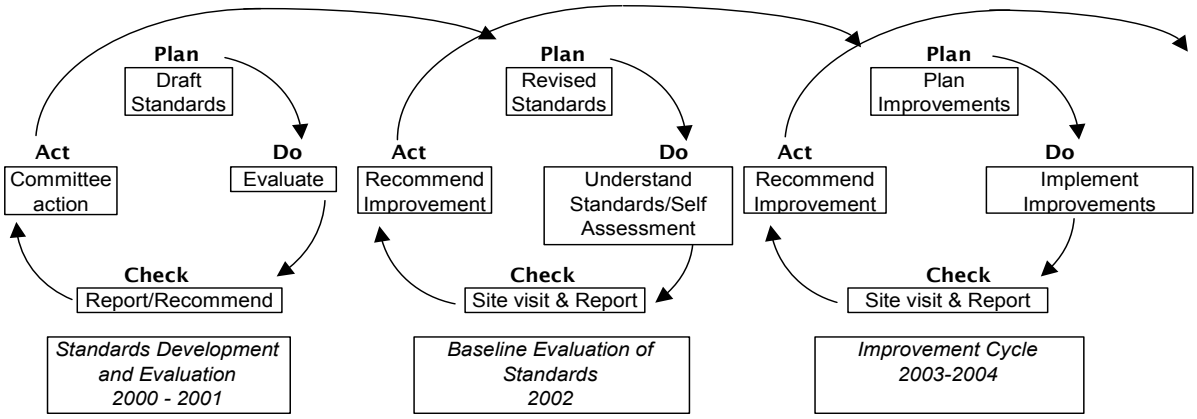
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share 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/phip/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: HIV/AIDS Prevention & Intervention

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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS 1.1 S	2		Training Dec. 14, 2004 and Feb. 24, 2005, with Overview of the trainings. April 1, 2004 email from staff to PH-SKC, developing HARS and HARS data entry protocol	
AS 1.2 S	1	Documentation does not describe how staff consultation and technical assistance for LHJs and state programs are requested.	Information on HIV/AIDS surveillance/how to contact surveillance coordinator on the internet; Assessment unit staff directory and list of county HIV/AIDS surveillance coord. on internet	
AS 1.3 S	2		Assessment Unit Activity for HIV Prevention Services; April 1, 2005 email from staff to other work plan team members	
AS 1.5 S	2		Resumes for 3 staff members. AOG meeting agendas, Nov. 2004 and April 2005;AOG meeting agendas-Nov. 9, 2004 and April 2, 2005	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS 3.2 S	2		2004 Interim Progress Report for HIV/AIDS Surveillance; CDC Guidelines for National HIV Case Surveillance; Internet guidelines	
AS 3.3 S	1	Documentation does not compare the monitoring results against the stated performance goals	2004 Interim Progress Report for HIV/AIDS Surveillance	
AS 3.4 S	2		Letter verifying CSTE 2005 Annual Conference- 1 staff; List of CSTE Annual Conference Attendees-1 staff	
AS 3.5 S	2		Quality Improvement Plan as an Attachment to CDC 2004 Progress Report	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS 4.1 S	2		WA. State Comprehensive HIV Prevention Plan 2005-2008, Pg. 18; State Planning Group meeting minutes, January 27, 2005	
AS 4.3 S	2		August 27, 2004 email from Secretary of Health to AIDSNET Council describing budget changes based on updated assessment data	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AS 5.2 S	2		SDMB Guide for using the Secure Data Network; Transfers to PH-SKC Analysis Dataset;J une 24 SHAS upload to CDC	

Topic: 2. Protecting People from Disease

Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD 1.2 S	1	No documentation for a DOH 24 hr. point of contact	WA. State HIV/AIDS Surveillance Report, April 2005;Email distribution list; Report a Notifiable Cond.,Not.Conds.,Not.Conds. & Healthcare Prov/WA. Hospitals/WA. Lab. Internet documents	
CD 1.3 S	1	Written procedures for how to obtain state or federal consultation and technical assistance were not evident in the documents or on the website.	HIV/AIDS Surveillance;: HIV/AIDS Case Report & Not. Cond. With link to WAC pertaining to HIV/AIDS reporting	
CD 1.4 S	2		2004 HIV Prevention Cooperative Agreement Application, pgs. 22-88;98-122	
CD 1.5 S	2		Database screens from HARS User Manual; WA.St. HIV/AIDS Monthly Report, April 2005;May 6, 2005 email of HIV/AIDS Mon.Rept.;HARS data entry protocol,2005;Div. Of HIV/AIDS Prev, Rec.,& Guide.;CDC Guide.	

CD 1.6 S	2		Letter from CSTE to verify Annual 2005 Conference attendance at conference and to HIV/AIDS Surveillance Guidelines Workshop, June 2005	

Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD 3.1 S	1	No documentation of written protocol or model form describing the requirements for handling, storage, and transportation of specimens. No documentation of distribution list.	Thurston Cty. Emails 2004;Snohomish meeting 2005;Rapid HIV Testing Guide, pg.2;Nov.2003 WA. State Responds; Elaborations 8/03 and 8/04	
CD 3.2 S	2		DOH Partner Counseling and Referral Services Guide; Partner Counseling	
CD 3.3 S	2		2004 Interim Progress Report, HIV/AIDS Surveillance,11-12; CDC Recomm. & Guidelines (web);CDC Guidelines for Natl. HIV/AIDS Surveillance,8-12	
CD 3.4 S	2		2004 Interim Progress Report for HIV/AIDS Surveillance, 11-14	
CD 3.5 S	2		2004 Interim Progress Report for HIV/AIDS Surveillance,46;Letter from CSTE to verify Annual 2005 Conference attendance; Conference's HIV/AIDS Surveillance Guidelines Workshop agenda, 2005	

Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

CD 4.4 S	0	No documentation that communication issues identified in outbreak response evals. are reflected in future goals and objs.	April 19 and May 15 Emails and debriefs on the Thurston County case.	
CD 4.5 S	1	No documentation of who attended the training, Communicating When the Stakes are High, March 31, 2005	April 16 timeline for Thurston County case; Communicating When the Stakes are High, March 31, 2005	Participant Guide, Communicating When the Stakes Are High

Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
CD 5.1 S	1	No evidence that Thurston County debriefing was distributed to LHJs and other state agencies	Pg. 2, Rapid HIV Testing Guide describing advantages; April 16 Thurston County Action Review	
CD 5.4 S	0	No documentation presented	None	
CD 5.5 S	2		CSTE letter verifying 2005 Annual Conf Attendance; conference's HIV/AIDS Surveillance Guidelines Workshop Agenda, June 2005	
CD 5.6 S	0	No documentation provided	None	

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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*

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

EH 2.5 S	1	Does not provide documentation of what staff attended the training.	Communicating When the Stakes are High	

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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP 1.1 S	2		2004 Effective Interventions Report and Washington State Responds, May 2005; Minutes from 2/04 SPG meeting and membership list and mailing list for WSR	System Acuity Measurement for HIV Case Management
PP 1.2 S	1	No documentation that written procedures are maintained and shared, describing how consultation and assistance regarding development or evaluation of prevention and health promotion initiatives.	Intervention Plan form instructions and feedback form;7/20/04 and 4/1/05 emails, contact information in the WSR and website; WSR distribution list and recipients of the emails.	
PP 1.4 S	2		CY 2004 CDC Progress Report; Pgs. 3,4,18,34,35 of the WA State Comprehensive HIV Prevention Plan	

Standard 2: Active involvement of community members is sought in addressing prevention priorities.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP 2.2 S	0	No documentation provided	None	
PP 2.4 S	2		June 2005 training agenda attended by 2 staff	

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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP 3.1 S	2		August 2003 and May 2004 WA State Responds articles; Jan. 22, 2004 SPG meeting minutes; Friend to Friend Evaluation;	Final Report of the Friend to Friend Evaluation
PP 3.2 S	2		SHARE activity report and Program Performance Indicators; pg. 21 of the Comprehensive HIV Prevention Plan; minutes of the April 2004 SPG meeting; attachment D2, Summary of the Gap Analysis	
PP 3.3 S	2		Quality Improvement Plan	

Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP 4.1 S	2		Meeting/Trip Reports; emails on funding opportunities	
PP 4.2 S	2		Chapter 3, designing and evaluating intervention plans/ effective HIV interventtions and strategies;Intervention plan review standardized feedback forms-initial/ action taken;counselor observ. Report	

PP 4.3 S	2		2004 HIV Prevention Cooperative Agreement Application, pg. 98-122;CY 2004 CDC Progress Report, p. 1-61	
PP 4.4 S	2		SHARE Reporting manual;Contract requirements to use SHARE	
PP 4.5 S	2		Agenda for PCM and STD/HIV Prevention on the internet	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
PP 5.1 S	2		(a) and (b) Region 3 contract addresses both elements	
PP 5.2 S	1	Documentation did not describe a process for informing LHJs and other stakeholders about prevention funding opportunities	Effective HIV Interventions/Strategies report; WSR articles 2/05 and 5/04;Phone log for 1 staff; Intervention plan feedback form; emails of 2/05 and 5/05	
PP 5.3 S	2		Intervention plan feedback form; material review update; guidance on materials review and roles and responsibilities; Guidelines for Health Education and Risk Reduction Activities	
PP 5.4 S	1	Could not find documentation that describes an evaluation process for health promotion efforts that is used to improve programs or revise curricula.	Actual intervention summary report; CY 2004 CDC Progress Report, goals and objectives	

PP 5.5 S	1	No documentation to indicate attendance at this	Developing Effective Health Education Materials agenda	

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.

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC 2.1 S	2		Documentation that trainings were given to three consortia plus an invitation to three more consortia. PPT is included.	
AC 2.3 S	1	Documentation describes the process for gap analysis but does not describe the results of comparing the current level of access to CHS and needed access to CHS	Ryan White Title II Grant: Summary of gap analysis resulting from needs assessment data, 32-33	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC 3.1 S	2		HIV Client Svcs. Early Int. Prog. Ad Hoc Eval. Comm. Report; Minutes for November Early Int. Steering Comm; Agenda/mins. Early Int. May Steering Comm.; Adherence Data Summary, PPT. ADAP Quali.; EIP Roster	
AC 3.2 S	0	Documentation does not reflect performance measures that demonstrate an evaluation of vendor or program efforts to coordinate CHS among providers	Copy of Title II contract, Exhibit C signed by lead agencies receiving Ryan White CARE act funds	

AC 3.3 S	2		Lifelong AIDS Alliance statement of work from 2004/05 contract for the Evergreen Health Insurance Program	

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

Measure	*Score*	*Comments*	*Documents*	*Exemplary Documents*
AC 4.1 S	1	Documentation did not specify best practices in delivery of CHS; documents did not summarize/report changes in delivery of CHS.	HIV Standards from other states; CMPEG; emails with minutes from CMPEG	
AC 4.2 S	2		Email regarding training date 3/21/05; 2005 RWCA application, pg. 25	
AC 4.3 S	2		2005 application--ADAP QM, pgs. 44-45	

Overall Score Totals

	Overall Program Totals:	*Overall DOH Totals:*
% Demonstrates:	**65%**	**67%**
% Partially Demonstrates:	**26%**	**23%**
% Does not Demonstrate:	**9%**	**10%**

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

HIV/AIDS Prevention & Intervention

1. Understanding Health Issues

Measure	*Score*	*Compliance*
AS 1.1 S	2	Demonstrates
AS 1.2 S	1	Partially Demonstrates
AS 1.3 S	2	Demonstrates
AS 1.5 S	2	Demonstrates
AS 3.2 S	2	Demonstrates
AS 3.3 S	1	Partially Demonstrates
AS 3.4 S	2	Demonstrates
AS 3.5 S	2	Demonstrates
AS 4.1 S	2	Demonstrates
AS 4.3 S	2	Demonstrates
AS 5.2 S	2	Demonstrates

2. Protecting People from Disease

Measure	*Score*	*Compliance*
CD 1.2 S	1	Partially Demonstrates
CD 1.3 S	1	Partially Demonstrates
CD 1.4 S	2	Demonstrates
CD 1.5 S	2	Demonstrates
CD 1.6 S	2	Demonstrates
CD 3.1 S	1	Partially Demonstrates
CD 3.2 S	2	Demonstrates
CD 3.3 S	2	Demonstrates
CD 3.4 S	2	Demonstrates
CD 3.5 S	2	Demonstrates

CD 4.4 S	0	Does not Demonstrate
CD 4.5 S	1	Partially Demonstrates
CD 5.1 S	1	Partially Demonstrates
CD 5.4 S	0	Does not Demonstrate
CD 5.5 S	2	Demonstrates
CD 5.6 S	0	Does not Demonstrate

3. Assuring a Safe, Healthy Environment for People

Measure	***Score***	***Compliance***
EH 2.5 S	1	Partially Demonstrates

4. Prevention is Best: Promoting Healthy Living

Measure	***Score***	***Compliance***
PP 1.1 S	2	Demonstrates
PP 1.2 S	1	Partially Demonstrates
PP 1.4 S	2	Demonstrates
PP 2.2 S	0	Does not Demonstrate
PP 2.4 S	2	Demonstrates
PP 3.1 S	2	Demonstrates
PP 3.2 S	2	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	1	Partially 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

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