

# Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Maternal and Child Health, Immunization and CHILD Profile Programs

## **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 CHILD Profile program, including the recruitment goals and initiatives, the work with health plans to engage them and their providers, and the well defined approach to health promotion materials—a model for other programs to consider
- The VCF/AFIX programs, with structured approaches for review of provider immunization activities
- The after action meeting and report on the flu vaccine shortage

## ***Areas for Improvement***

- Refine the overall program goals and objectives to be more measurable and link them to LHJ performance as well as state program staff performance
- Revise the VCF reporting format for the LHJs with more quantifiable measures, collect and report the data, analyze it system wide, and use the data for program improvement

## ***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**

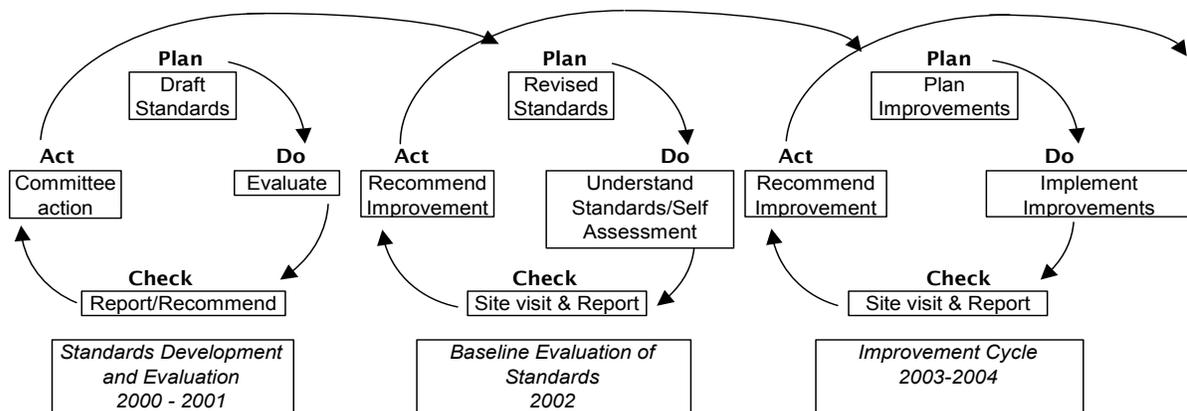
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially 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/philp/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/philp/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: Immunizations & CHILD Profile

## 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            |  | AOG guidelines, funding opportunity memo, tribal application, training TOC |                            |
| AS 1.2 S       | 1            | The documents show support of the assessment process, TA and consultation does occur, but documents do not describe how to obtain consultation and TA, what is available, how accessed, etc. | AOG assessment guidelines, June 03 conference call, AFIX standards         |                            |
| AS 1.3 S       | 2            |  | CY05 Progress Report, objectives and budget for assessment staff           |                            |
| AS 1.5 S       | 2            |  | CVs of staff, Joint Conference IMM session descriptions                    |                            |

**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>  |
|----------------|--------------|-----------------|---|---|
| AS 3.2 S       | 2            |                 | CDC IP 05 Grant objectives, CHILD profile G&O 04, materials development cycle | CHILD profile G&O 04, materials development cycle, health promotion evaluation plan |

Thursday, September 15, 2005

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

Page 1 of 9

|          |   |   |  |                     |
|----------|---|---|--|---------------------|
| AS 3.3 S | 2 | Note that, the HBV assessment has no analysis of measurable progress towards specific goals | CP G&O update 11/04  | CP G&O update 11/04 |
| AS 3.4 S | 2 |   | Training log   |                     |
| AS 3.5 S | 2 |   | CP Parent Survey 02 Final Report, 03 July and September team minutes |                     |

**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            |                 | Immunization Action Coalition of WA minutes, Vaccine Advisory Committee minutes                  |  |
| AS 4.3 S       | 2            |                 | Childhood Immunization Coverage Report, 3/04, DOH Strategic Plan G&O 05-07, 4th DTaP Summit 2/05 | Childhood Immunization Coverage Report, 4th DTaP Summit 2/05 |

**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> |
|----------------|--------------|-----------------|---|----------------------------|
| AS 5.2 S       | 2            |                 | Data Sharing agreement between DOH and DSHS, example of planned use of CP registry data in Hep A assessment |                            |

**Topic: 2. Protecting People from Disease**

*Thursday, September 15, 2005*

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

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

| <i>Measure</i> | <i>Score</i> | <i>Comments</i>   | <i>Documents</i>  | <i>Exemplary Documents</i> |
|----------------|--------------|---|---|----------------------------|
| CD 1.2 S       | 0            | All of the documents provided appear to have been generated by other parts of DOH, not specifically by Imm / CP | emails with surveillance evaluation tool, summary report, notice of revision in reportable conditions |                            |

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

| <i>Measure</i> | <i>Score</i> | <i>Comments</i>   | <i>Documents</i>   | <i>Exemplary Documents</i> |
|----------------|--------------|---|--|----------------------------|
| CD 3.2 S       | 0            | All of the documents provided appear to have been generated by other parts of DOH, not specifically by Imm / CP | DOH notifiable conditions website, forms, guidelines, PHEPR isolation and quarantine |                            |
| CD 3.5 S       | 0            | Position classification is for position not located in Imm/CP   | Position Classification  |                            |

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

| <i>Measure</i> | <i>Score</i> | <i>Comments</i>  | <i>Documents</i>   | <i>Exemplary Documents</i> |
|----------------|--------------|--|--|----------------------------|
| CD 4.4 S       | 0            | Document is PHEPR document, not Imm, no documentation of the communication issues previously identified and now addressed in Annex 3 | Final draft of Annex 3 Pandemic Influenza Response Plan to DOH Comprehensive Emergency Mgmt Plan |                            |
| CD 4.5 S       | 2            |  | Training log, 6/05 roster of attendees, DOH communications materials                             |                            |

**Topic: 3. Assuring a Safe, Healthy Environment for People**

*Thursday, September 15, 2005*

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

**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       | 1            | No documentation provided regarding training in emergency response plan | Risk Communication Training roster, DOH website materials |                            |

**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       | 2            |  | MMWR report, forwarded to immunization coordinators, DOH news release  |   |
| PP 1.2 S       | 1            | The focus of this measure is on consultation and TA for LHJs. It seeks a description of how LHJs know consultation and TA is available and what the focus or limits might be of a request for assistance. The concept of consultation and TA is distinct from contract monitoring and compliance activities. | emails to LHJs on immunization materials, alerts, flu education materials  |   |
| PP 1.4 S       | 2            |  | CHILD Profile materials development cycle, evaluation plan, Power Point on recruitment 5/05, Table of progress in reaching goals | CHILD Profile evaluation plan, Power Point on recruitment 5/05, table of progress in reaching goals |

**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 |   | CHILD Profile 2004 Conference, Health Plan Summit Minutes |
| PP 2.4 S | 1 | Only one person references a single training that may have had some community involvement component--difficult to determine | Training measures log                                     |

**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            |   | Flu Forum, FLU FACTS presentation 7/04, roster of attendees, Flu Vaccine shortage after action report 05 | Flu Vaccine shortage after action report 05 |
| PP 3.2 S       | 2            |   | CHILD Profile Parent Survey, July 2003 Parent Survey Analysis, Focus Groups 3/03 Next Steps              | Focus Groups 3/03 Next Steps                |
| PP 3.3 S       | 1            | These materials, along with many of the other CHILD Profile materials presented, would be source documents for a quality improvement plan that builds on the structure of the 11/04 G&O update, but includes performance measurement data | CHILD Profile parent survey, Criteria for Prioritization of Topics                                       | Criteria for Prioritization of Topics       |

**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            |                 | Tribal checklist application, LHJ Immunization survey projects |                            |

Thursday, September 15, 2005

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

|          |   |   |   |  |
|----------|---|---|---|--|
| PP 4.2 S | 2 |   | Precede/Proceed Model, CHILD Profile Materials Development Cycle, Criteria for prioritization of topics, Governor's Award for Quality and Performance | Governor's Award for Quality and Performance |
| PP 4.3 S | 1 | Only a few of the actions being tracked are framed as measurable, many are simply reported as "ongoing", making it difficult to analyze for improvement | CHILD Profile G&O/Action Plans 2004   |  |
| PP 4.4 S | 2 | Annual Report Form would be a stronger tool if it asked for measurement of G&O  | IMM SOW with AFIX deliverables, AFIX year end report, VCF Annual Report Form, VCF Benchmarking notice,  |  |
| PP 4.5 S | 2 |   | Training measures   |  |

**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            |                 | PHSKC SOW for CHILD Profile 12/04,IP Grant/ Component 6 Consumer Information   |                              |
| PP 5.2 S       | 2            |                 | Health Education updates email, DTaP fact sheet from website, CDC funding opportunity passed to partners, DHHS research database | DTaP fact sheet from website |
| PP 5.3 S       | 2            |                 | CHILD Profile materials development cycle, Precede/Proceed model, example of LHJ request   |                              |

*Thursday, September 15, 2005*

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

*Page 6 of 9*

|          |   |   |  |
|----------|---|---|--|
| PP 5.4 S | 1 | Only a few of the CHILD Profile actions being tracked are framed as measurable, many are simply reported as "ongoing", making it difficult to analyze for improvement | CHILD Profile G&O, PHSKC monthly report, parent survey final report, focus group next steps, oversight minutes |
| PP 5.5 S | 2 |   | Training measures log  |

## 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       | 0            | None of the documents provided demonstrate analysis and conclusions regarding specific gaps in access to critical health services. | Cowlitz Immunization Report 03, NIS Report, Perinatal Hep B assessment, tribal checklist application |                            |

### 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       | 1            | The infrastructure for sharing information is present, but specific sharing of information regarding access barriers to critical health services was not demonstrated (recruitment of providers to participate in the registry is not the same thing). | Immunization Partnership Team agenda, minutes, roster, CHILD profiled advisory group membership roster |                            |
| AC 3.2 S       | 2            |  | Consolidated Contract Statement of Work, Immunization Section  |                            |

Thursday, September 15, 2005

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

Page 7 of 9

**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            |   | Adolescent Immunizations in Juvenile Correctional Centers, provider GBS cover letter 4/03, VFC Hep B change letter 12/03, Perinatal Hep B Prevention Guidelines, provider survey 3/03 | provider GBS cover letter 4/03 |
| AC 4.2 S       | 0            | The focus of this measure is on provision of training in general QI tools and methods, not specific clinical approaches or system improvements (these are covered under other measures in the Standards). This measure not only seeks QI training for DOH staff, it asks that DOH make the training available to grant and program contractors as well on an ongoing basis (is available). There is no documentation of current QI training available for DOH staff or contractors. | Joint Conference agenda, AFIX standards   |                                |
| AC 4.3 S       | 1            | Most of the grant objectives do not have performance/outcome measures that are in fact measurable. Component 4 focuses on monitoring rather than review of overall system performance via measurable data.  | 2004 IMM grant progress report  |                                |

## Overall Score Totals

|                              | <i>Overall Program<br/>Totals:</i> | <i>Overall DOH<br/>Totals:</i> |
|------------------------------|------------------------------------|--------------------------------|
| %<br>Demonstrates:           | <b>63%</b>                         | <b>67%</b>                     |
| % Partially<br>Demonstrates: | <b>22%</b>                         | <b>23%</b>                     |
| % Does not<br>Demonstrate:   | <b>15%</b>                         | <b>10%</b>                     |

*Thursday, September 15, 2005*

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

*Page 9 of 9*

## **Immunizations & CHILD Profile**

### *1. Understanding Health Issues*

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i>      |
|----------------|--------------|------------------------|
| 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       | 2            | 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*

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i>    |
|----------------|--------------|----------------------|
| CD 1.2 S       | 0            | Does not Demonstrate |
| CD 3.2 S       | 0            | Does not Demonstrate |
| CD 3.5 S       | 0            | Does not Demonstrate |
| CD 4.4 S       | 0            | Does not Demonstrate |
| CD 4.5 S       | 2            | Demonstrates         |

### *3. Assuring a Safe, Healthy Environment for People*

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i>      |
|----------------|--------------|------------------------|
| EH 2.5 S       | 1            | Partially Demonstrates |

### *4. Prevention is Best: Promoting Healthy Living*

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i> |
|----------------|--------------|-------------------|
|----------------|--------------|-------------------|

|          |   |                        |
|----------|---|------------------------|
| PP 1.1 S | 2 | Demonstrates           |
| PP 1.2 S | 1 | Partially Demonstrates |
| PP 1.4 S | 2 | Demonstrates           |
| PP 2.2 S | 2 | Demonstrates           |
| PP 2.4 S | 1 | Partially Demonstrates |
| PP 3.1 S | 2 | Demonstrates           |
| PP 3.2 S | 2 | Demonstrates           |
| PP 3.3 S | 1 | Partially Demonstrates |
| PP 4.1 S | 2 | 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 | 2 | Demonstrates           |

*5. Helping People Get the Services They Need*

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