

Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Office of Community Wellness and Prevention, Injury Prevention 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.

In the Office of Community Wellness and Prevention, four programs were reviewed; Injury Prevention; Women, Infants & Children Supplemental Food (WIC), Chronic Disease/Health Risk Behavior, and Tobacco Prevention and Control. Based on a comprehensive review of these four programs relative to the Public Health Standards we have identified the following strengths and opportunities for improvement across the four programs:

Strengths

- All four programs show strength in their consultation activities to other local health jurisdictions and communities. This is especially evident in the Injury Prevention program.
- Program assessment is a particular strength in the Injury Prevention and in the WIC programs.

- Training (both internal and external) is a noted strength in the Injury Prevention program.
- Dissemination of information is a strength of all four programs through a series of well-crafted information pieces.
- Outreach to the community is a strength in all four programs, especially in the Chronic Disease/Health Risk Behavior program.
- The external advisory committee and the evaluation plan of the Tobacco Prevention and Control are strengths of the program.

Areas for Improvement

- Establish quantifiable performance measures for each of the programs, and processes to monitor and regularly performance against the measures.
- Assure that results of program evaluations are used for program improvement.
- Assess gaps in services relative to the needs of those served.
- Develop and implement a formal quality improvement plan, evaluate progress on a regular basis and use to track improvement over time.
- Measure both outputs and outcomes in program evaluations (especially for the WIC program).
- Improve assessment of access to services barriers (especially in the Tobacco Prevention and Control program)
- Document distribution lists for materials and training attendance.

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

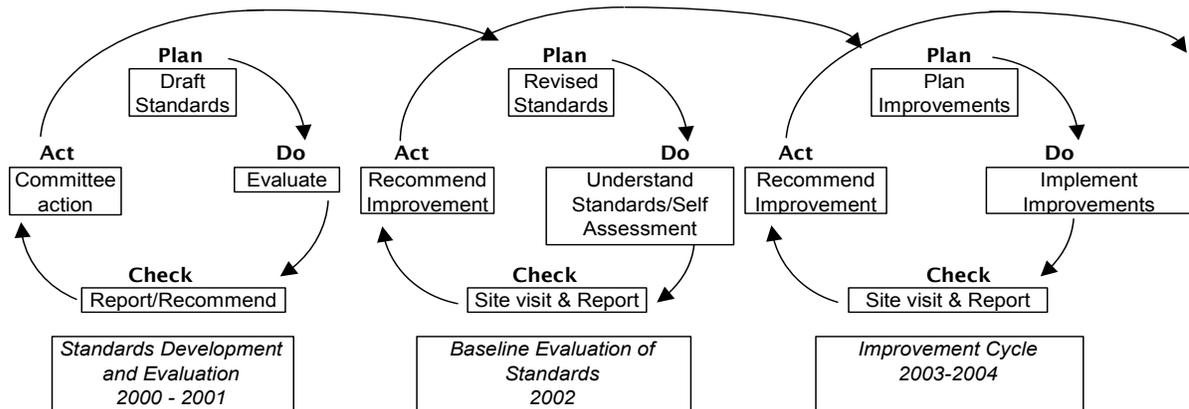
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

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		Year 2 final report - Senior Falls Prevention Grant, Senior Falls Monthly Progress report 3/05	Senior Falls Monthly Progress report 3/05
AS 1.2 S	2		Injury Prevention website data request section and program contacts section.	Injury Prevention website data request section and program contacts section.
AS 1.3 S	2		Progress Report of Core Injury Project Goals and Objectives 10/03 to 4/04 - 3 through 7.	Progress Report of Core Injury Project Goals and Objectives 10/03 to 4/04 - 3 through 7.
AS 1.5 S	2		2 staff resumes (epidemiologists), NEAT Meeting minutes 7/28/04, 1/26/05	

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	2	Five year grant documentation includes objectives, period activities for the program. Period activities are more qualitative performance measures and could be strengthened with more of a quantitative approach.	Progress Report of Core Injury Project Goals and Objectives. Evaluation of Falls Prevention Study.
AS 3.3 S	2		Grading Rationale spreadsheet 2005.
AS 3.4 S	2		Injury methods brochure
AS 3.5 S	0	Documentation does not demonstrate the actual use of evaluation results for program changes or improvements.	Youth Suicide Evaluation Project indicates results will be used to change and improve program offerings.

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		WA State Childhood Injury Report Planning Meeting 5/19/03. Also indicates input on drafts of the Childhood Injury report.	
AS 4.3 S	2		Department of Health Bill Analysis, HB 1473	

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 2

CHARS Data submission doc, Data sharing agreement, letter of July 12, 2004 for confidential data submittal, email indicating the use of participant ids (instead of names).

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	2		Roster of training with training manual, documentation of staff person attendance at Covello risk communication training.	

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		Senior Falls Report and Childhood Injury Report with distribution lists for both	
PP 1.2 S	2		Safe Kids Coalition meeting agenda with documentation of LHJ attendees, multiple documents identifying process for conducting assessment and planning, link to website for ways to obtain	

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PP 1.4 S	2		Report to CDC on Fire Safe Families project and Child Product Safety Campaign plan both indicate the use of evaluation information.
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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	1	Documentation that Fire Safe Families project results are shared with other stakeholders is lacking.	Youth Suicide Prevention Program evaluation and documentation. Fire Safe Families project results.	
PP 2.4 S	2		Training certificates, agendas and other supporting documentation 3 key department 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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 3.1 S	2		Family Violence Prevention Work Group meeting minutes, Youth Suicide Prevention report and mailing list.	
PP 3.2 S	1	A more clearly delineated analysis of the gaps between existing prevention services and projected needs would strengthen this.	Sexual Assault Prevention and Service Standards, Quarterly report (1/04-12/04) Sexual Assault Services program Prevention.	
PP 3.3 S	0	Specific program example illustrates incorporation of program evaluation findings, but documentation does not illustrate a broader quality improvement work plan for the program as a whole.	Fire Safe Family project, timeline for Fire Safe family project implementation	

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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		Domestic Violence Prevention Follow Up email, Intimate Partner Violence power point, Fire Safe Families sample letter indicating funding opportunity	Intimate partner violence power point
PP 4.2 S	1	Documentation lacks a completed review of staff competencies. Also documentation of conclusions from reviewing planned and current outreach against the standards is lacking.	IPP October 26, 2004 meeting minutes, Report on Performance, Standards Final 8/01	Injury and violence prevention competencies (mapped to Public Health Core Competencies)
PP 4.3 S	2		Year 2 final report	
PP 4.4 S	2		Sr. Falls Exit interview template, Sr. Falls documentation-dates template, recipients of templates and updates	
PP 4.5 S	2		Training records for Borges, Ruggles, Silver. Certificates of completion, training arrangements	

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		Snohomish Fire protection District 8 statement of work. Child Product Safety Campaign statement of work.	

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PP 5.2 S	2	Lit review Dissemination, Senior Falls Proposal Literature Review, Year 2 Annual Report, conference call summaries
PP 5.3 S	2	American Geriatric Society Guidelines for prevention of falls in older persons, Falls Grant year 1, email indicating distribution.
PP 5.5 S	2	Training documents for Ruggles, Borges and Silver

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		Gaps in Access - Injury, Senior Falls KAP study	

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	2		Senior Falls Prevention Advisory Committee list, Senior Falls Key Informant Interview Report, email illustrating further distribution	
AC 3.2 S	2		VAW Training statement of work, Assessment of Violence Against Women Activities in Health Care Settings in WA State	Assessment of Violence Against Women Activities in Health Care Settings in WA State

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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>
AC 4.1 S	2	

Documents
 Exercise Evaluation Form, WA State
 Childhood Injury Report, distribution list

Exemplary Documents
 WA State Childhood Injury
 Report

Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	85%	67%
% Partially Demonstrates:	9%	23%
% Does not Demonstrate:	6%	10%

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Injury Prevention

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	2	Demonstrates
AS 3.3 S	2	Demonstrates
AS 3.4 S	2	Demonstrates
AS 3.5 S	0	Does not Demonstrate
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	2	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	2	Demonstrates
PP 1.4 S	2	Demonstrates
PP 2.2 S	1	Partially Demonstrates
PP 2.4 S	2	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	2	Demonstrates
PP 4.2 S	1	Partially 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 5.5 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	2	Demonstrates
AC 3.2 S	2	Demonstrates
AC 4.1 S	2	Demonstrates