

**Standards for Public Health in Washington State:
2005 Performance Assessment Report
DOH State Programs
Report for: Epidemiology, Health Statistics and Public
Health Laboratories, Non-Infectious Conditions
Epidemiology 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 leadership on statewide assessment via the Assessment in Action project—it demonstrates the cycle of evaluation, followed by a work plan to address key issues identified in the evaluation and then a number of items on the work plan now completed, with new supportive resources such as the website
- The supplemental update of the Health of Washington State and the ongoing work on the Report Card—both fundamental to data driven management of public health
- The scope and quality of the liaison/consultation support and training provided to LHJs and DOH programs on assessment and evaluation questions

- The detailed attention provided in response to citizen concerns and requests, as demonstrated by the letter to the Skamania citizen

Areas for Improvement

- Provide leadership in resolving internal DOH coordination regarding the Access standards (specifically in relationship to the data sets that exist throughout DOH)—for this cycle of standards review, no DOH site was reviewed for performance measure AC 2.2
- Use the liaison model to assist LHJs and other parts of DOH better coordinate the collection and use of assessment data—many LHJs report frustration in being able to access locally meaningful data from that reported to DOH
- Review the use of standardized data sharing agreements between LHJs and DOH for the many ways in which data is transferred between these entities—create a template for LHJ use in other data sharing relationships

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

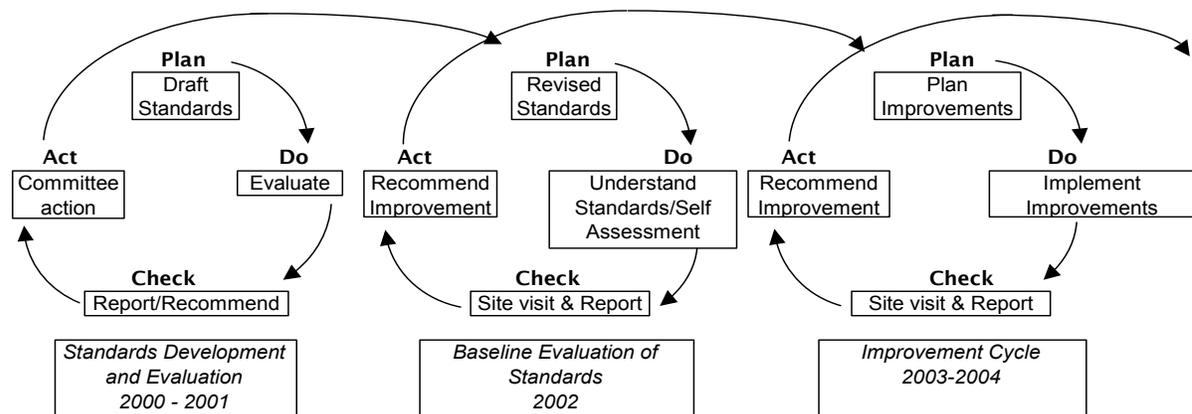
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

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		E-mails providing technical assistance (Walla Walla, Lincoln LHJs), web page with health data guidelines	e-mail from Christie Spice
AS 1.2 S	2		Cluster Contact sheet (on website), LHJ orientation material that describes Community Assessment Liaison, email announcing AssessNow website	
AS 1.3 S	2		2002 HWS Technical Notes, AOG minutes, HWS 2004 Supplement	
AS 1.4 S	2		2004 HWS	
AS 1.5 S	2		List of staff/education, job description, CV, announcement of Epi Brown Bag	

Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

<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 2.1 S	2	HWS 2004 Supplement/Diabetes, Mailing list for 2004 HWS Report Card on Health smoking trends, response to Skamania citizen inquiry
AS 2.2 S	2	HWS (issued over time), HWS 2004 Supplement, Diabetes example, Report Card, EpiTrend data

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 3.1 S	2		Training for STEPS LHJs, Training for WIC regarding logic models	Training for STEPS LHJs, Training for WIC regarding logic models
AS 3.2 S	2		STEPS and WIC power point presentations (generic methods), Diabetes (specific example)	
AS 3.3 S	2		Lead blood levels notification monitoring process, CMDS QA reports for performance improvement	
AS 3.4 S	2		Staff list with educational credentials, STEPS and WIC power point trainings on evaluation	
AS 3.5 S	2		Assessment in Action, work plan and objectives, example of CMDS performance improvement	

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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	1	No documentation available regarding stakeholder involvement in using assessment in relationship to policy development	Reviewers of HWS 2004 supplement, email invitation to meet re: Hispanic data, membership of Key Health indicators Committee	
AS 4.3 S	2		Decision package for lead, draft letter and attachments regarding lead	

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 for Healthy Youth Survey 2004, list of LHJs with data sharing agreements	Data Sharing Agreement

Topic: 2. Protecting People from Disease

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	2		Case note from lead program of call to LHJ, letter to labs reminding of blood lead reporting requirement	
CD 1.3 S	2		Cluster investigation protocol, Skamania citizen letter and response, LHJ orientation agenda packet	

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CD 1.5 S 2

EpiTrends available on line/distributed to LHJs, healthcare providers, lead is one item reported, data standards and case definitions available online, blood lead registry

Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 2.1 S	2		Website with phone number, afterhours provides emergency information including 24 hour answering service	
CD 2.4 S	2		NICE staff meeting review of emergency response, participation in training exercise, participation in web-based training	

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 4.5 S	2		On line Covello training, all staff NICE training on media relations	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 5.1 S	2		Breast Cancer power point presentation, best practice materials, email discussing next steps resulting from presentation to Seattle Women's Commission	

CD 5.2 S	2		Guidelines for Investigating Clusters of Chronic Disease and Adverse Birth Outcomes with talking points, draft letters and forms, disseminated via email and on line	Guidelines for Investigating Clusters of Chronic Disease and Adverse Birth Outcomes with talking points, draft letters and forms
CD 5.3 S	2		Revision to Cluster data tracking, will be reflected in next update of protocol	
CD 5.4 S	2		Revision to Cluster data tracking, will be reflected in next update of protocol	
CD 5.5 S	2		CV/staff instructor in surveillance, schedule of training in cluster investigations, power point training on cluster investigations, standard protocol is available on line	
CD 5.6 S	2		Revision to Cluster data tracking, response to Skamania citizen inquiry, email chain to review letter in response to Clark caller	

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

Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH 1.2 S	1	While it is clear from the description that many groups are meeting, it is not entirely clear how stakeholders are involved in addressing EH issues in these groups	Stakeholder involvement in Environmental Public Health Tracking Network overview and description	

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EH 1.3 S	2	Updating process for Lead Brochure
EH 1.4 S	2	Documentation of soliciting user and other stakeholder feedback on changes to Lead Brochure
EH 1.5 S	2	Lead Brochure revision tested with focus group of WIC parents
EH 1.6 S	2	Staff CV and documented training

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		Training documentation for risk communication and emergency response	

Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH 3.1 S	2		Report Card on Health/Drinking Water indicator, CMDS missing results protocol	
EH 3.2 S	2		Lead Program data collection, key indicators, EpiTrends report, MMWR reporting WA data	

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		HWS 2004 chapters with information on health issues and best practices, press release for lead in candy and Mexican pottery	

Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	94%	67%
% Partially Demonstrates:	6%	23%
% Does not Demonstrate:	0%	10%

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Non-infectious Conditions Epidemiology

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 1.4 S	2	Demonstrates
AS 1.5 S	2	Demonstrates
AS 2.1 S	2	Demonstrates
AS 2.2 S	2	Demonstrates
AS 3.1 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	1	Partially 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	2	Demonstrates
CD 1.3 S	2	Demonstrates
CD 1.5 S	2	Demonstrates
CD 2.1 S	2	Demonstrates
CD 2.4 S	2	Demonstrates
CD 4.5 S	2	Demonstrates

CD 5.1 S	2	Demonstrates
CD 5.2 S	2	Demonstrates
CD 5.3 S	2	Demonstrates
CD 5.4 S	2	Demonstrates
CD 5.5 S	2	Demonstrates
CD 5.6 S	2	Demonstrates

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 1.2 S	1	Partially Demonstrates
EH 1.3 S	2	Demonstrates
EH 1.4 S	2	Demonstrates
EH 1.5 S	2	Demonstrates
EH 1.6 S	2	Demonstrates
EH 2.5 S	2	Demonstrates
EH 3.1 S	2	Demonstrates
EH 3.2 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