

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

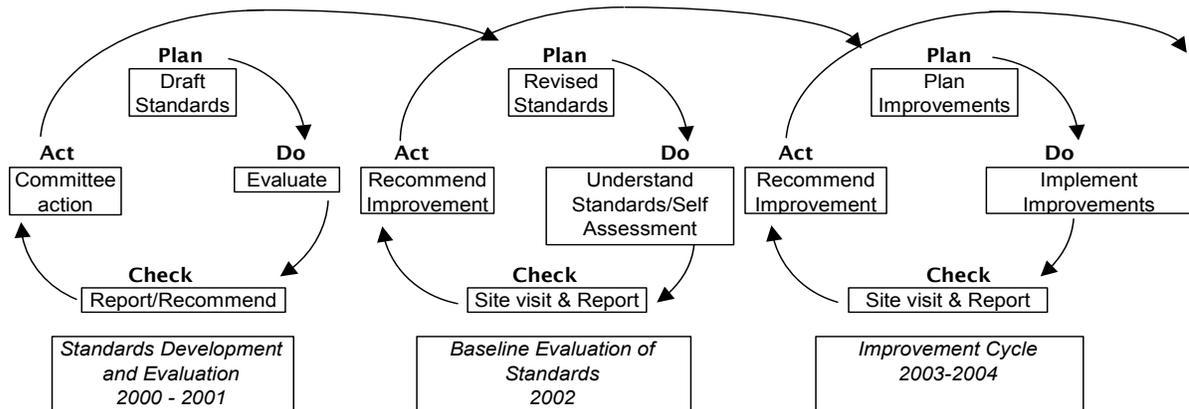
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

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 | | Strategic evaluation emails, Pacific County eval plan, Yakima co eval plan | |
| AS 1.2 S | 2 | | Workplan & output reporting workbook, list of consultants, technical assistance request form | |
| AS 1.3 S | 2 | | Tobacco Program eval plan 7/03, responsible staff spreadsheet | Tobacco Program eval plan 7/03 |
| AS 1.5 S | 1 | no documentation of staff attendance at training | Staff resumes, western states tobacco evaluators consortium, health communications, surveillance and eval meeting agenda | |

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 | | program eval plan 7/03, eval action plan spreadsheet | |

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

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| | | | |
|----------|---|---|---|
| AS 3.3 S | 2 | | EAC meeting minutes 1/05, external eval advisory committee meeting agenda |
| AS 3.4 S | 1 | no documentation of who attended training | Eval training agenda |
| AS 3.5 S | 2 | | Catalyst evaluation and redesign project |

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 | | tobacco prevention and control plan 12/04 | |
| AS 4.3 S | 2 | | State-based tobacco cessation quit lines | |

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 | 0 | Both examples of shared data are summary reports not raw data. No documentation of policy on data sharing | two examples of shared data (2003 tobacco survey results, healthy youth survey results) | |

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

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

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Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

| <i>Measure</i> | <i>Score</i> | <i>Comments</i> | <i>Documents</i> | <i>Exemplary Documents</i> |
|----------------|--------------|---------------------------|------------------|----------------------------|
| EH 2.5 S | 0 | no documentation provided | | |

Topic: 4. Prevention is Best: Promoting Healthy Living

Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

| <i>Measure</i> | <i>Score</i> | <i>Comments</i> | <i>Documents</i> | <i>Exemplary Documents</i> |
|----------------|--------------|--|--|----------------------------|
| PP 1.1 S | 1 | no documentation of distribution | Strategic Priorities Update: tobacco prevention and control plan 12/04 | |
| PP 1.2 S | 2 | | Clark County logic models, Tobacco prevention and control program review data collection form, TPRC Tech Assistance expenditure report, technical request form | |
| PP 1.4 S | 1 | documentation does not include assessment data | Feedback from CDC to annual state plan strategic properties report & meeting minutes | |

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> |
|----------------|--------------|-----------------|------------------|----------------------------|
|----------------|--------------|-----------------|------------------|----------------------------|

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|----------|---|---|--|---|
| PP 2.2 S | 2 | | Cleaning the Air newsletter, May 2005. Partner in Prevention poster for WA School-based Tobacco Prevention Program, Tacoma-Pierce County Youth Leadership and Advocacy poster | Tacoma-Pierce County Youth Leadership and Advocacy poster |
| PP 2.4 S | 1 | documentation of training for only one staff member | staff certificate of attendance, substance abuse prevention specialist training description | |

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 | 1 | no documentation of distribution | Teens Against Tobacco Use Program Evaluation, collaboration proposal between Northeast Tri County Health and American Lung Association | |
| PP 3.2 S | 1 | no documentation of gap in service analysis | DOH Tobacco Prevention and Control Team workplan revision notes 9/01, Partner in Prevention newsletter, March 05, 2005 progress report | Partners in Prevention Newsletter, March '05 |
| PP 3.3 S | 2 | | Annual state action plan for CDC | |

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

| <i>Measure</i> | <i>Score</i> | <i>Comments</i> | <i>Documents</i> | <i>Exemplary Documents</i> |
|----------------|--------------|-----------------|------------------|----------------------------|
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Note: Totals may not equal 100% due to rounding.

| | | |
|----------|---|---|
| PP 4.1 S | 2 | Tobacco prevention and control board program review data collection form (site visit form), Asotin and Cowlitz Counties Health District Program review summary 10/04), Robert Woods Johnson funding |
| PP 4.2 S | 2 | Program Guidance for Year 02 funding, feedback from CDC and response to feedback, staff performance evaluation |
| PP 4.3 S | 2 | Clipping report May 05, TATU program evaluation PowerPoint, media by county report, Tobacco Prevention Youth Campaign Media recommendations |
| PP 4.4 S | 2 | Compliance check data reporting form, email to LHJs on catalyst training |
| PP 4.5 S | 2 | Training certificate for one staff member for Application of Prevention Technologies |

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 | | Sole source contract for tobacco prevention directed at a variety of minority groups, Strategic plan for identifying and eliminating tobacco-related health disparities | |
| PP 5.2 S | 2 | | email identifying a funding opportunity (4/05), local program reviews for Asotin & Cowlitz, literature annotated bibliography (6/05) | |

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| | | |
|----------|---|--|
| PP 5.3 S | 2 | CDC program guidance for year 02 funding, response to CDC feedback clearinghouse materials list, tobacco materials clearinghouse goal statement |
| PP 5.4 S | 2 | Catalyst actual activities detail report, workplan and output reporting workbook, partners in prevention progress report (3/05), catalyst planned vs. actual detail report |
| PP 5.5 S | 2 | Social norms practitioner training |

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 | no documentation provided | | |

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

| <i>Measure</i> | <i>Score</i> | <i>Comments</i> | <i>Documents</i> | <i>Exemplary Documents</i> |
|----------------|--------------|---|-------------------------------------|----------------------------|
| AC 3.1 S | 0 | no documentation provided | | |
| AC 3.2 S | 0 | documentation does not address the standard | First steps training planning guide | |

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

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

| <i>Measure</i> | <i>Score</i> | <i>Comments</i> | <i>Documents</i> | <i>Exemplary Documents</i> |
|----------------|--------------|------------------------------------|---|----------------------------|
| AC 4.1 S | 1 | no evidence of distribution | Treating tobacco use and dependence clinical practice guideline | |
| AC 4.3 S | 1 | does not indicate a formal QI plan | Quit Date call service levels improvement plan | |

Overall Score Totals

| | <i>Overall Program Totals:</i> | <i>Overall DOH Totals:</i> |
|----------------------------------|--------------------------------|----------------------------|
| % Demonstrates: | 60% | 67% |
| % Partially Demonstrates: | 26% | 23% |
| % Does not Demonstrate: | 14% | 10% |

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

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Tobacco Prevention and Control

1. Understanding Health Issues

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i> |
|----------------|--------------|------------------------|
| AS 1.1 S | 2 | Demonstrates |
| AS 1.2 S | 2 | Demonstrates |
| AS 1.3 S | 2 | Demonstrates |
| AS 1.5 S | 1 | Partially Demonstrates |
| AS 3.2 S | 2 | Demonstrates |
| AS 3.3 S | 2 | Demonstrates |
| AS 3.4 S | 1 | Partially Demonstrates |
| AS 3.5 S | 2 | Demonstrates |
| AS 4.1 S | 2 | Demonstrates |
| AS 4.3 S | 2 | Demonstrates |
| AS 5.2 S | 0 | Does not Demonstrate |

3. Assuring a Safe, Healthy Environment for People

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i> |
|----------------|--------------|----------------------|
| EH 2.5 S | 0 | Does not Demonstrate |

4. Prevention is Best: Promoting Healthy Living

| <i>Measure</i> | <i>Score</i> | <i>Compliance</i> |
|----------------|--------------|------------------------|
| PP 1.1 S | 1 | Partially Demonstrates |
| PP 1.2 S | 2 | Demonstrates |
| PP 1.4 S | 1 | Partially Demonstrates |
| PP 2.2 S | 2 | Demonstrates |
| PP 2.4 S | 1 | Partially Demonstrates |
| PP 3.1 S | 1 | Partially Demonstrates |
| PP 3.2 S | 1 | Partially 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 | 2 | Demonstrates |
| PP 5.3 S | 2 | Demonstrates |
| PP 5.4 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 | 0 | Does not Demonstrate |
| AC 3.1 S | 0 | Does not Demonstrate |
| AC 3.2 S | 0 | Does not Demonstrate |
| AC 4.1 S | 1 | Partially Demonstrates |
| AC 4.3 S | 1 | Partially Demonstrates |