

PHIP Key Health Indicators Committee Report

THE STANDARDS AND THE 2008 PERFORMANCE REVIEW

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 this report 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.

KEY HEALTH INDICATORS

The Key Health Indicators Committee's focused work on Local Public Health Indicators is an important way to help measure the health of Washington communities and inform the programs and policies of state and local public health agencies.

Washington's Public Health Improvement Plan requires local measurement of health status or determinants of health. Together, the 32 indicators included in the Local Public Health Indicators provide a snapshot of health status, health behavior, and public health system performance at the local level. The indicators also work in conjunction with the standards as a measurement of statewide system capacity. If the indicators reveal how healthy we are, the performance standards examine the process that makes us so.

The indicators also reveal how health status or determinants of health compare across Washington health jurisdictions and with state and national averages. They help identify specific local health issues that might need improvement. They can provide health policy makers throughout the state with some of the information they need to develop effective programs and to gauge system progress in meeting specific health outcomes.

The information in this report will help highlight the standards that cross with the Local Public Health Indicators to show LHJ and state agency performance. Please note: there were a variable number of sites reviewed for each measure, 33 for LHJ "agency review" and 100 for "program review"; therefore it is important to take this into consideration in understanding the specific measure's result.

2008 PERFORMANCE REVIEW

The performance review included 34 local health jurisdictions (LHJs) sites, 20 Department of Health (DOH) program sites and the State Board of Health for a total of 55 sites. Each site was asked to use the Guidelines to prepare for an on-site visit by organizing the documentation supporting the review of each measure.

During the site visit reviewers evaluated the documents and scored each measure. The tables on the following pages represent those standards and measures of LHJs and DOH that are applicable to key health indicators.

KEY HEALTH INDICATOR-RELATED STANDARDS AND MEASURES

There are 2 standards and eight measures that intersect with the work of the KHI Committee. These are outlined below, along with an analysis of the demonstrated performance results.

RESULTS

Standard 1: Community Health Assessment

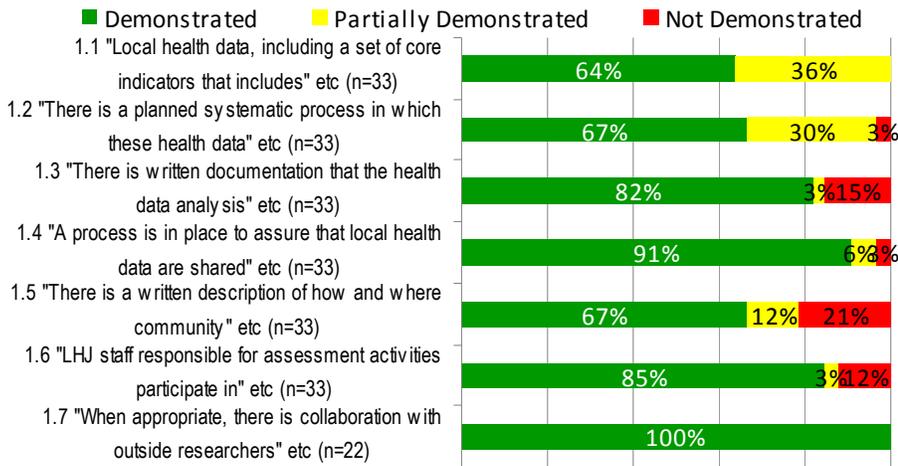
Data about community health, environmental health risks, health disparities and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.

The health indicator-related measures include:

- **1.1L** Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.
- **1.1S** Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.
- **1.2L** There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to:
 - Signal changes in health disparities and priority health issues
 - Identify emerging health issues
 - Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts
 - Perform gap analyses comparing existing services to projected need for services
 - Develop recommendations for policy decisions, program changes, or other actions
- **1.2S** There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to:
 - Signal changes in health disparities and priority health issues
 - Identify emerging health issues
 - Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts
 - Perform gap analyses comparing existing services to projected need for services (these may be statewide or regional)
 - Develop recommendations for policy decisions, program changes, or other actions
- **1.3L** There is written documentation that the health data analysis in **1.2L** results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions.
- **1.3S** There is written documentation that the health data analysis in **1.2S** results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions. LHJs are involved in development of state-level recommendations that affect local operations.

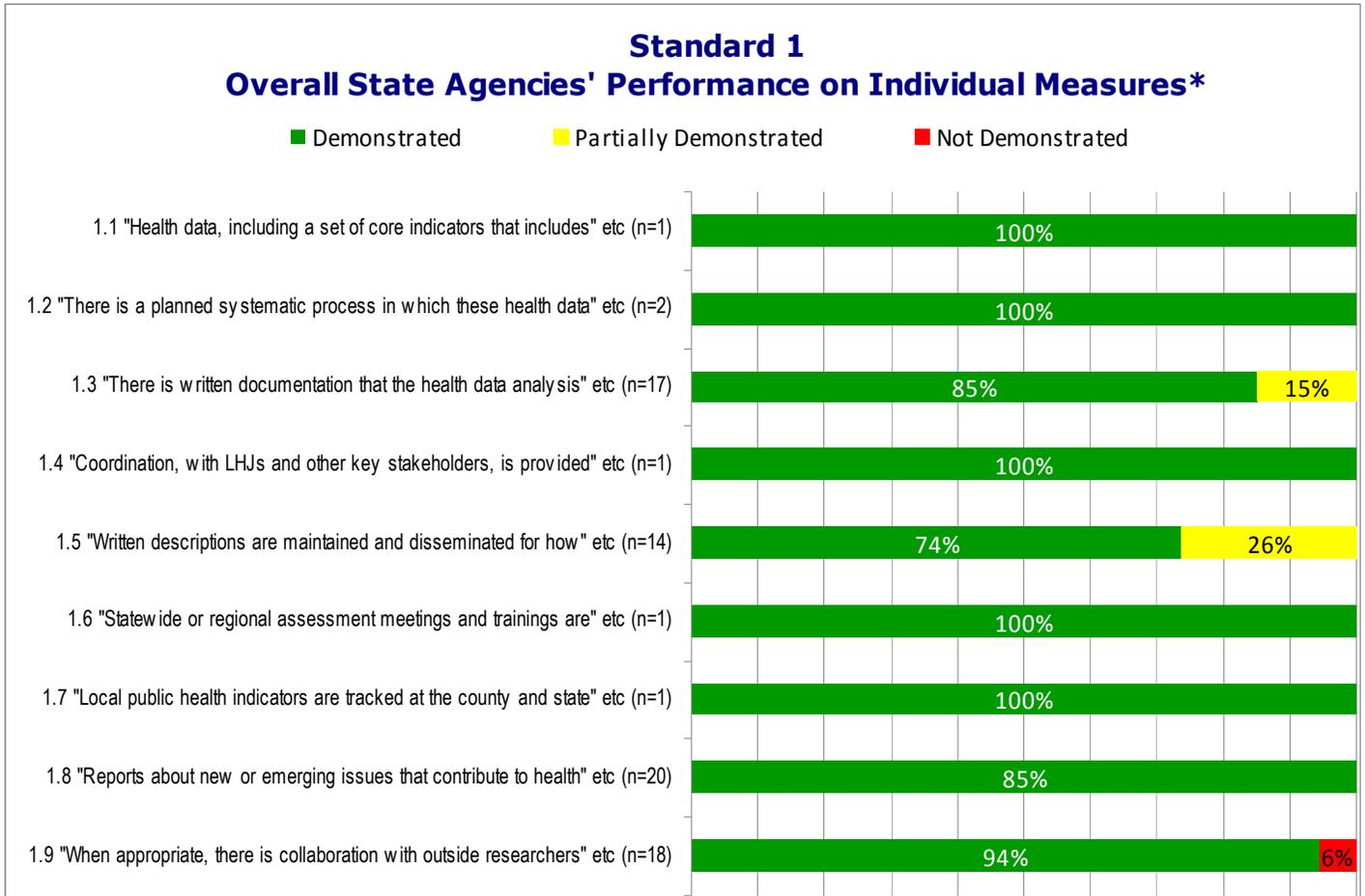
Chart 1

Standard 1 Overall LHJ Program Performance on Individual Measures



For Local health, this standard has an aggregate percent demonstrated of 78% which is the third highest performance in a standard for LHJs in 2008. All of the measures had more than 50% of LHJs that were able to demonstrate performance. Measure **1.1L** regarding data about population health status, showed 64% of LHJs able to demonstrate performance. Tracking health data over time was demonstrated in **1.2L** at 67%. Using data results, as demonstrated in **1.3L**, was high across the LHJ programs with 82% demonstration.

Chart 2



**Includes State Board of Health*

State agencies had an aggregate percent demonstrated of 86% which is second highest performance in a standard for DOH in 2008. Most of these measures **1.1S** and **1.2S** were reviewed just once at the agency level for DOH. This means that there is only one score and the 100% demonstrated is for the agency as a whole. For the other measure, **1.3S**, all the selected DOH programs were reviewed and scored.

Standard 2: Communication to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.

The health indicator-related measures include:

- **2.7L** Readily available public information includes health data, information on environmental health risks, communicable disease and other threats to the public's health as well as information regarding access to the local health system, healthcare providers, and prevention resources.
- **2.7S** Readily available public information includes health data, information on environmental health risks, communicable disease, and other threats to the public's health.

Chart 3

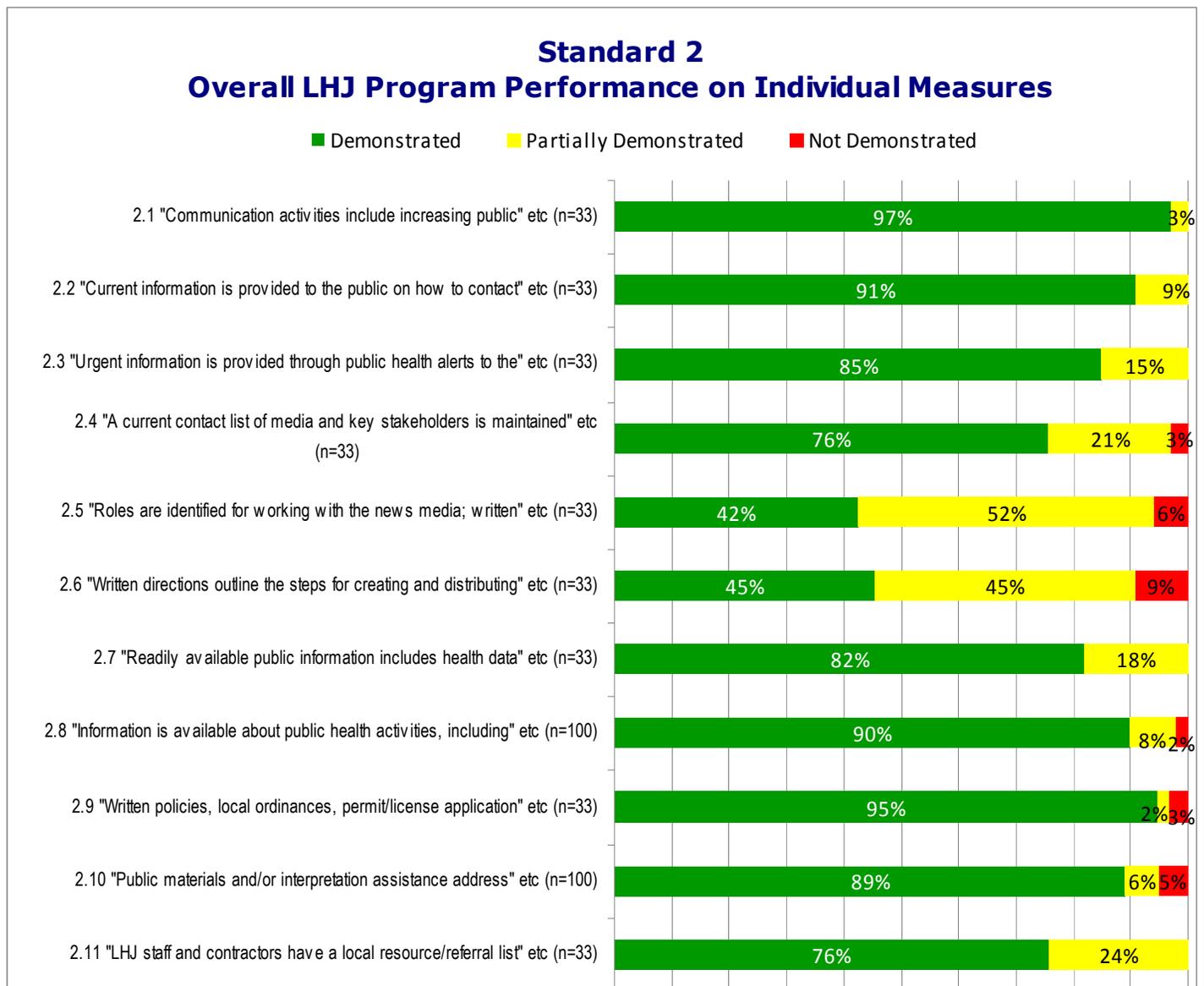
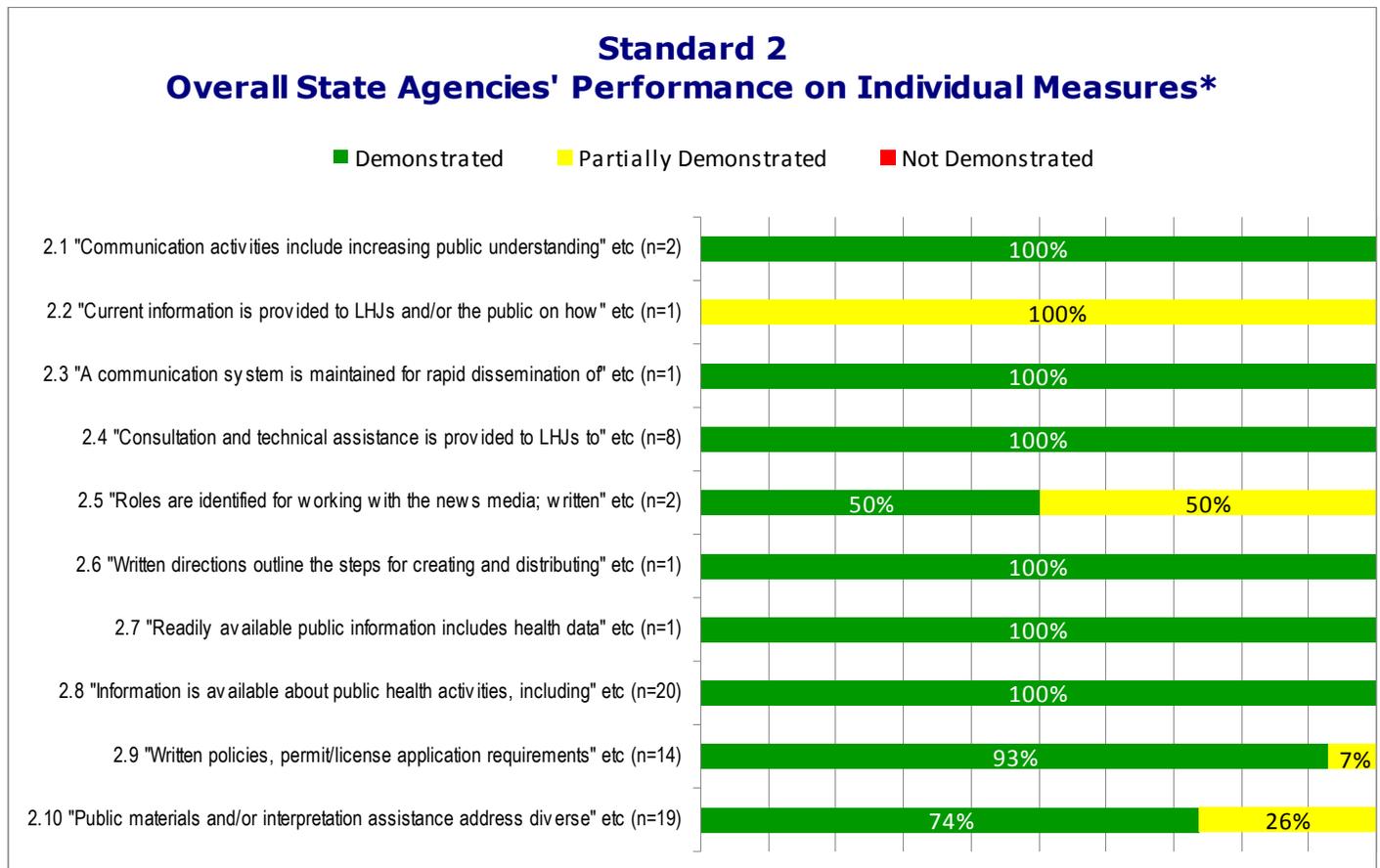


Chart 4



**Includes State Board of Health*

At the State agency level, this standard has an aggregate percent demonstrated of 88% which the highest performance in a standard for DOH in 2008. Measure **2.7S** was reviewed just once at the agency level for DOH. This means that there is only one score and the demonstrated or partially demonstrated score is for the agency as a whole.

RECOMMENDATIONS

The following recommendations are specific to the results of the 2008 Performance Review regarding the Key Health Indicator Committee. An important tool in effectively implementing these recommendations is the 2008 Exemplary Practices Compendium that contains examples of processes and documentation that demonstrate performance of at least one requirement of a specific measure. Reviewers observed that among all the LHJs and state programs, the components of the "high performing" public health system are almost all present somewhere. They just don't exist together in any single LHJ or DOH program. Many examples of this exemplary public health system do exist, however, in the Exemplary Practices Compendium.

Recommendations are made to assist local and state agencies in developing meaningful approaches to address deficiencies and capitalizing on opportunities. Please refer to page 19 for the full recommendations that are highlighted below. Measuring against the standards is a way for effective quality improvement in targeted areas. Many local and state programs were only able to partially demonstrate performance due to a failure to complete the Plan-Do-Study-Act (PDSA) cycle of improvement.

Recommendation: Management processes and evaluation and improvement templates should emphasize the Study step of the PDSA cycle, and the Act step should be emphasized in leadership and governance minutes and reports.

It is also recommended that:

- Committee members review the complete 2008 Overall System Report on the Standards for Public Health in Washington State report to ensure that all the standards impacting Local Public Health Indicators be considered
- Highlight the need to continue making progress on the areas of measures strength for DOH and LHJ
- Review the committee’s work plan to determine how areas of improvement can be addressed through committee work