

Standards for Public Health in Washington State: 2008 Performance Review Report

Department of Health *Chronic Disease Prevention* *(Physical Activity and Nutrition)*

The Standards and the 2008 Performance Review

Thank you for participating in the performance review 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 NACCHO Operational Definition.

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 agency or 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 involvement of community, local jurisdiction staff and collaboration with partners, as shown in the Regional meeting agendas and minutes
- The information available to local jurisdictions and the public to support healthy behaviors and positively impact individual's nutritional choices and exercise habits
- The Collaborative Leadership workshops, including the peer education processes
- The grant and funding acquisition activities to improve financial support for program activities

Areas for Improvement

- Link data review and conclusions to identification of gaps and opportunities for improvement with actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop
- Add contact information for technical assistance and consultation to the website to facilitate stakeholder ability to obtain consultation
- Assure that access to immunization services are evaluated and that barriers to and gaps in access are identified and addressed including access to a medical home
- Keep working on training tracking, including annual review of the EPRP and new employee orientation

The Performance Review Approach

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 review, an independent consultant from MCPP Healthcare Consulting and/or a local health jurisdiction reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person from the agency. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with a closing conference in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information will be compiled into an Overall System report, with recommendations regarding the next steps for the performance improvement of public health practice across the State.

Results of the Site Review

The attached report is a detailed summary for each measure with a list of all the documents used to score the measure and related comments for all measures applicable to the agency or program.

Comparability to the 2005 Evaluation results: Due to the major revisions in the Standards and measures, only some of the 2008 results can be compared to the results of the 2005 Evaluation results. Please use the crosswalk of the 2005 Standards to the 2008 Standards to identify the measures that are comparable between the two cycles.

Scoring and Related Information in the 2008 Review Site Reports

- For each measure [scored by the reviewer]:
 - 2 = demonstrates the measure,
 - 1 = partially demonstrates the measure,
 - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *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.
- *For each Standard:* at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*).

Next Steps

First, celebrate what you have accomplished. In the two and a half year period between the 2005 Evaluation and this performance cycle, 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 for your work 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 Standards or measures. 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 2008 at www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm
- **Statewide initiatives** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. 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 review. The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011. Your program may save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance. Other strategies for improving your performance and documentation include:

- 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 LHJ or DOH program may have an excellent process or documentation method that you can start using with less time and effort.
- Identify methods for getting technical assistance from other state programs or from LHJs 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 2008 performance review, 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.

CHRONIC DISEASE PREVENTION (PHYSICAL ACTIVITY AND NUTRITION)

	Measure	Score	Comments	Documents
1.3 S	Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process. Documentation that LHJs are involved in the development of state level recommendations that affect local operations.	2		EYM Agenda Request; HCO Obesity Report
1.5 S	For programs/activities that collect and use data, description of method for LHJs or other state programs to obtain technical assistance or consultation on how to collect and analyze health data. Note: Consultation is focused on health data collection and analysis methods and expertise, and not on specific requirements such as contract performance/compliance. Documentation of consultation or technical assistance to LHJs or other state programs regarding how to collect and analyze health data (at least two examples).	2	The DOH website provides the name and number for the epidemiologist for the wellness and physical activity program. LHJ staff could use this information to identify how to access TA in relationship to data analysis. Consider describing in detail how to obtain technical assistance.	Central Puget Sound Regional Meeting agenda; Healthy Community Audit Tools; TA to Healthy Communities; DOH Website doh.wa.gov.chf/nutritionpa/staff_contact_info
1.9 S	For projects or activities that include research-based information, one example of collaboration with outside researchers on community health that demonstrates at least one of the activities listed below: • identification of appropriate populations, geographic areas or partners, or • active involvement of the LHJ and/or community, or • provision of data and expertise to support research, or • facilitation of efforts to share research findings with state stakeholders, the community, governing bodies and policy makers.	2		Collaboration with outside researcher on school vending survey
2.8 S	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. Note: If the program/activity does not have any reporting and compliance requirements, the program/activity is exempt from demonstrating performance.	2		AHBL - SOW Public Health Activities and Educational Offerings; web screen capture ACE and reporting form

2.9 S	For programs and activities that provide regulations and codes to the public, the information is publicly available for all the topics listed below (one example of each): • written policies, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Note: Form of documentation should indicate how it is made available to the public.		Nutrition and Physical Activity is not regulatory. The website does link to wellness policies for schools.	
2.10 S	Two examples of educational material in non-English language OR One example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2		Spanish_Audience_Brochure; Lincoln Elementary Healthy School Pilot
3.1 S	Documentation of community and stakeholder review of health data, including a set of core indicators. Note: The intent is for DOH Staff to present health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.	1	Plans are in place for stakeholder review of the Washington State Nutrition and Physical Activity Plan. The Washington Coalition for Promoting Physical Activity provided evidence of priorities for the work of the group. The intent of this measure is to link review of the data to get input and recommendations for action from community members.	Revise Plan 07 Stakeholder interviews; Active Living Leadership Meeting Attendee List
3.2 S	Gap analysis for critical health services and for prevention services reported to at least one of the groups listed below: • LHJs, OR • appropriate state, regional or local stakeholders, OR • state level colleagues. Results of program evaluations reported to at least one of the groups listed below: • LHJs, OR • appropriate state, regional or local stakeholders, OR • state level colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	1	This measure requires analysis of the gaps in preventive services and reports of the program evaluations be reported to one of several groups and this was not fully demonstrated.	Annual_Survey_Partners_2007; HCO Obesity Report;
5.5 S	Documentation for most recent 24 months of all new employees receiving orientation to the agency EPRP. Annual review of agency EPRP with all employees (twice within last 24 months). Note: May be division or program specific documentation for every division or program or agency wide with documentation of attendance from	1	This measure requires evidence that all new employees receive orientation to the agency EPRP annually. Not clear from the evidence the hire dates for new staff or	NPAO Training Spreadsheet; Training Documentation

	every division or program.		evidence of training records for 10 staff (from DOH website)	
6.1 S	Written descriptions of key program or activity components relevant to prevention and health education activities provided by DOH, LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by DOH, LHJs or through contracts with community partners for any of the groups listed below: • individuals, or • families, or • community in general.	2		07-08 workplan AFHK; Washington Revised State Plan - draft (no date); DOH website
6.3 S	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials	1	This measure requires a written description of the process to conduct all the activities listed in the measure. Documentation provided did not describe this process.	Energize your meetings; Standards ACE backpack; 07-08 work plan healthy communities web tool kit
6.4 S	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, peer education).	2		Peer education - collaboration leadership overview; AHBL - SOW Public Health Activities and Educational offerings
6.5 S	Description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding prevention policies and/or initiatives that include at least one of the types of activities listed below: • development of prevention services, • delivery of prevention services, • evaluation of prevention programs and activities. Distribution/availability of procedures to LHJs and other stakeholders within last 14 months. Documentation of consultation or technical assistance to LHJs or other stakeholders regarding emergency preparedness (at least two examples) within last 24 months.	1	This measure requires a description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding prevention policies and/or initiatives listed in the measure. Documentation provided did not describe this process.	ACES Conference call minutes 11/06; HC meeting minutes 1.022.08 and Healthy Communities Distribution List

6.7 S	Written review of prevention, health promotion, early intervention and outreach services and activities that indicates evaluation for compliance with all the types of information listed below: • evidence based practice, AND • professional standards, AND • state and federal requirements.	2		Grant award - CDC review - Federal requirements;
7.3 S	Description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding the collection and analysis of information about barriers to accessing critical health services. Note: Consultation is focused on access to critical health services and not just on specific individual situations requiring access to critical health services. Distribution/availability of procedures to LHJs and other stakeholders within last 14 months. Documentation of consultation or technical assistance to LHJs or other stakeholders regarding collecting and analyzing information on barriers to access (at least two examples) within last 24 months.	0	The list of critical health services includes dietary behaviors and physical activity and fitness. No data was presented for this measure that requires description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding the collection and analysis of information about barriers to accessing critical health services.	No valid documentation for this measure was provided
7.6 S	Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (two examples): • Coordination of health service delivery among health care providers AND • linkage of individuals to medical home.	2		Collaborative planning process
7.7 S	Two examples of reports of access barriers that affect specific groups within the state. Distribution of these reports to other state agencies that pay for or support critical health services within last 24 months.	1	This measure requires two examples of reports of access barriers that assures the linkage occurred.	Obesity Chapter and Distribution The Health of Washington State December 2007
8.1 S	For each program reviewed, a written description of program or activity goals, objectives and performance measures, including consultation to LHJs or other stakeholders, shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed a written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2		Nutrition job analysis DOH form; WGS position description - nutrition consultant 2; QI exercise 1-8-07

8.2 S	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, documentation showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1	The Obesity State Plan progress report identifies areas of movement toward healthy people goals but is not linked to program performance measures or revisions in programming.	HC Obesity report; obesity state plan progress update
8.3 S	Use of additional of information to improve services and activities, including an example for each program from the information sources listed below: • experiences from service delivery, including public requests, testimony to the State BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	1	It was not clear to this reviewer how the backpacker website lists are used to improve services. The health care assessment document provided evidence from key informants (health care providers) to prevent chronic disease factors but did not link how that information was used to improve services and activities.	Health Care Assessment, key informant summary
8.4 S	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below: • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	2		Mount Vernon_Progress Report
8.6 S	One example for each program being reviewed of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example of educational curricula or material revised to address evaluation results dated within last 24 months.	1	No documentation of educational curricula or material revised to address evaluation results dated within last 24 months.	Healthy meetings focus group summary
8.7 S	For programs/activities that have contracts with LHJs or with other contractors, template(s) to support performance measurement by LHJs and other contractors include both types of information listed below: • methods to document performance measures, AND • methods for monitoring (data collection) performance measures. Distribution of templates for performance measurement to LHJs and other contractors within last 24 months.	1	The SOW for Healthy Communities provides an example of the format for the mid-year report form that documents and monitors activities that support performance measures. The measure also requires distribution of templates for performance measurement to LHJs and other contractors within last 24 months and	Tacoma Healthy Communities Template

			this reviewer did not see evidence to support this activity.	
8.8 S	Description of the method(s) for LHJs or state programs to obtain consultation and technical assistance regarding program evaluation methods and tools. Distribution/availability of procedures to LHJs and state programs within last 14 months. Documentation of consultation or technical assistance to LHJs or state programs regarding program evaluation methods and tools (at least two examples) within last 24 months.	1	The DOH website links to the UW Healthy Communities Nutrition and Physical Activities Toolkit. This toolkit has an evaluation component. The toolkit was also emailed to LHJ 2_07. This reviewer did not find a description of the methods for LHJ's to access consultation on program evaluation in the materials presented.	Distribution on TA on Evaluation; School wellness policies TA
8.9 S	Aggregated annual internal audit* results for last two years of a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity records for repetitive activities, such as the development or use of prevention and health education materials [see 6.3 S] or health alerts [see 2.3 S], including data on timeliness and compliance with program protocols; or for following established procedures.	0	The document provided describes the process of reviewing educational documents. However, it does not provide evidence that an internal audit was completed to determine if the procedures were followed.	Prevention and Health Education Information Reviewed
9.2 S	For programs/activities that have contracts with vendors or contractors, contract review for legal requirements is documented for two contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions.	1	The Access to Healthy Foods contract and WSDOT SOW both require quarterly reporting and showed evidence of one quarter of reporting. The measurement also requires that contracts	Access to Healthy Foods Progress Report and Contract (draft) and WSDOT SOW; Policies, RCW and Info from contracts webpage

			be reviewed for legal requirements. No documentation was provided.	
10.4 S	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>	2		NPAO training spreadsheet
11.5 S	<p>Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within agency, AND • with other agencies or LHJs, AND • partner organizations.</p> <p>Agency requirements define which data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.</p> <p>For programs/activities that collect and use identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.</p>	2	In review of the work of this program, it is not clear to this reviewer if personal health information is used. However, an infrastructure is in place.	DOH Policy 17.006 Release of Confidential Data

Score Totals for: Chronic Disease Prevention (Physical Activity and Nutrition)

% Demonstrates	48%
% Partially Demonstrates	44%
% Does Not Demonstrate	7%

Note: Totals may not equal 100% due to rounding