

# Programs Report: A Supplement to the 2005 Overall System Performance Report

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## I. Introduction

Washington State used the Standards for Public Health in Washington State to evaluate the performance of the public health system in a Baseline Evaluation in 2002. The assessment approach in 2002 evaluated a single example from any program in the agency to score the performance level of each measure. As part of the first re-measurement of performance in 2005, the Standards Committee of the Public Health Improvement Partnership (PHIP) requested that the assessment approach include a program review in the site review methodology for some of the measures.

Local and State leadership in environmental health (EH) and in prevention and promotion (PP) programs provided input and the Standards Committee made the final selection of the five programs in each of the two areas as the “menu” for program review; the selected ten programs are shown below.

<b>Environmental Health Programs</b>	<b>Prevention and Promotion Programs</b>
Food Safety	Child Care
Drinking Water	First Steps
Wastewater Management	Immunizations
Water Recreational Safety	Nutrition and Physical Activity
Zoonotics/Vector Control	Tuberculosis

The LHJ Matrix identifies the measures that were assessed through program review (see Attachment A). As part of the site visit preparation, each LHJ selected two environmental health and two prevention and promotion programs to be included in its site assessment.

This report describes the system wide results for each of the ten programs showing aggregate LHJ results and the DOH program performance.

## II. Methodology

### *Consulting Team*

The two MCPP Healthcare Consulting members of the consultant team participated in site visits of both local health jurisdictions and state programs. In addition, the consultants developed the Self-Assessment Guide, training materials, and data collection and analysis tools. All members of the team participated in the production of this report, which contains both quantitative and qualitative analysis based on the site visits.

### *Program Selection and Site Visit Process*

The site visit process for the 10 programs, conducted in LHJs during April and May 2005 and in DOH programs during April and July 2005, included 33 LHJs for EH programs and 32 LHJs for PP programs and the ten corresponding DOH program sites. Since each LHJ selected two EH programs and two PP programs, there were differing numbers of data points for LHJs for each

program. The actual number of LHJ sites evaluated for each of the ten programs is shown in the table below.

Environmental Health Programs	Number of sites	Prevention and Promotion Programs	Number of sites
Food Safety	27	Child Care	10
Drinking Water	7	First Steps	13
Wastewater Management	26	Immunizations	24
Water Recreational Safety	3	Nutrition and Physical Activity	4
Zoonotics/Vector Control	3	Tuberculosis	13

All LHJs and DOH programs received site specific reports on their performance. This report presents the aggregate scoring results for all LHJ sites for the 10 programs. In addition, each of the 10 state DOH programs was assessed against all applicable measures for that DOH program. For LHJs, the EH programs were reviewed for a total of thirteen measures, and the PP programs were assessed for eight measures. Please see the LHJ Matrix in Attachment A for the specific measures evaluated for EH and PP programs. For the ten DOH programs this report presents results on the measures that were applicable to the program review at the LHJ level.

### *Performance Scoring*

The following guidelines were used for scoring:

- **Demonstrates:** The required documentation was present, with all required elements. For example, LHJ measure EH 4.4 L states “Enforcement actions are logged (tracked) from the initial report, through the investigation, findings, and enforcement action and are reported to other agencies as required.” Therefore, in the example above, LHJ documentation must have shown each component of the documentation listed (the initial report, investigation, findings, enforcement and subsequent reporting) to be scored as *Demonstrates*.
- **Partially Demonstrates:** If some documentation was present, but did not include all of the elements, then the measure was scored as *Partially Demonstrates*.
- **Does Not Demonstrate:** If the site provided no documentation, or if the materials presented were not sufficiently related to the measure, then the measure was scored as *Does Not Demonstrate*.
- **Not Able to Rate:** If a site did not present documentation for an entire topic area, the measures were scored *Not Able to Rate*, as there was no way to assess performance.
- **Not Applicable:** Some measures were not applicable to all DOH programs. The DOH Matrix developed in advance of the site visits identified the measures applicable to each specific program. For that program, all other measures are rated *Not Applicable*. For LHJs, all measures were applicable.

### III. Findings Regarding Demonstrated Performance in the Environmental Health Programs

In LHJs, the selected EH programs were evaluated for 13 measures in the current Standards for Public Health, and for 4 measures in the Proposed Administrative Standards. Site specific performance is reported only for the 13 measures in the current set of standards. The aggregate LHJ results reported below are for the 13 measures.

For DOH, this report describes results for the same state level measures as evaluated at the LHJ level. In some DOH programs a specific measure was identified as “Not Applicable” so there is no performance score for that measure for that DOH program. Please see the detailed program results below.

In this summary analysis, there is a focus on the 50<sup>th</sup> percentile, in which the midpoint is envisioned as a fulcrum: where the weight falls toward demonstrated performance, fine tuning may be needed, but the system is heading in the right direction; and, the areas where the weight falls toward partially or no demonstrated performance will require significant planning and assistance to achieve compliance.

**Summary Findings:** The following are findings across all five EH programs:

Measure EH 1.1 L [*Information is available about environmental health, including newsletters, websites, and other...*] had 92% or higher demonstrated performance in all five programs at the local level.

Measures EH 1.2 L [*The community and stakeholders are involved in appropriate ways in addressing environmental health issues*] and EH 4.2 L [*There are written procedures to follow for enforcement actions....*] had more than 65% demonstrated performance in all five programs at the local level.

The second lowest performing measure at the local level was AS 3.3 L [*Program performance measures are monitored, the data is analyzed and regular reports document progress toward goals.*] with 29% in Drinking Water, 27% in Food Safety, 24% in Waste Water, 0% in Water Recreation, and 0% in Zoonotics.

Measure EH 4.3 L [*A selected number of enforcement actions are evaluated each year to determine compliance*] had the lowest percent demonstrated performance with 0% in Drinking Water, 15% in Food Safety, 4% in Waste Water, 0% in Water Recreation, and 0% in Zoonotics at the local level.

Two DOH programs, Drinking Water and Zoonotics, demonstrated 100% performance in all applicable measures related to the LHJ program review.

Three DOH programs demonstrated performance in 46% of applicable measures (Waste Water), 75% of applicable measures (Water Recreation) and 80% of applicable measures (Food Safety).

#### **Drinking Water Program: LHJ and DOH Performance Results**

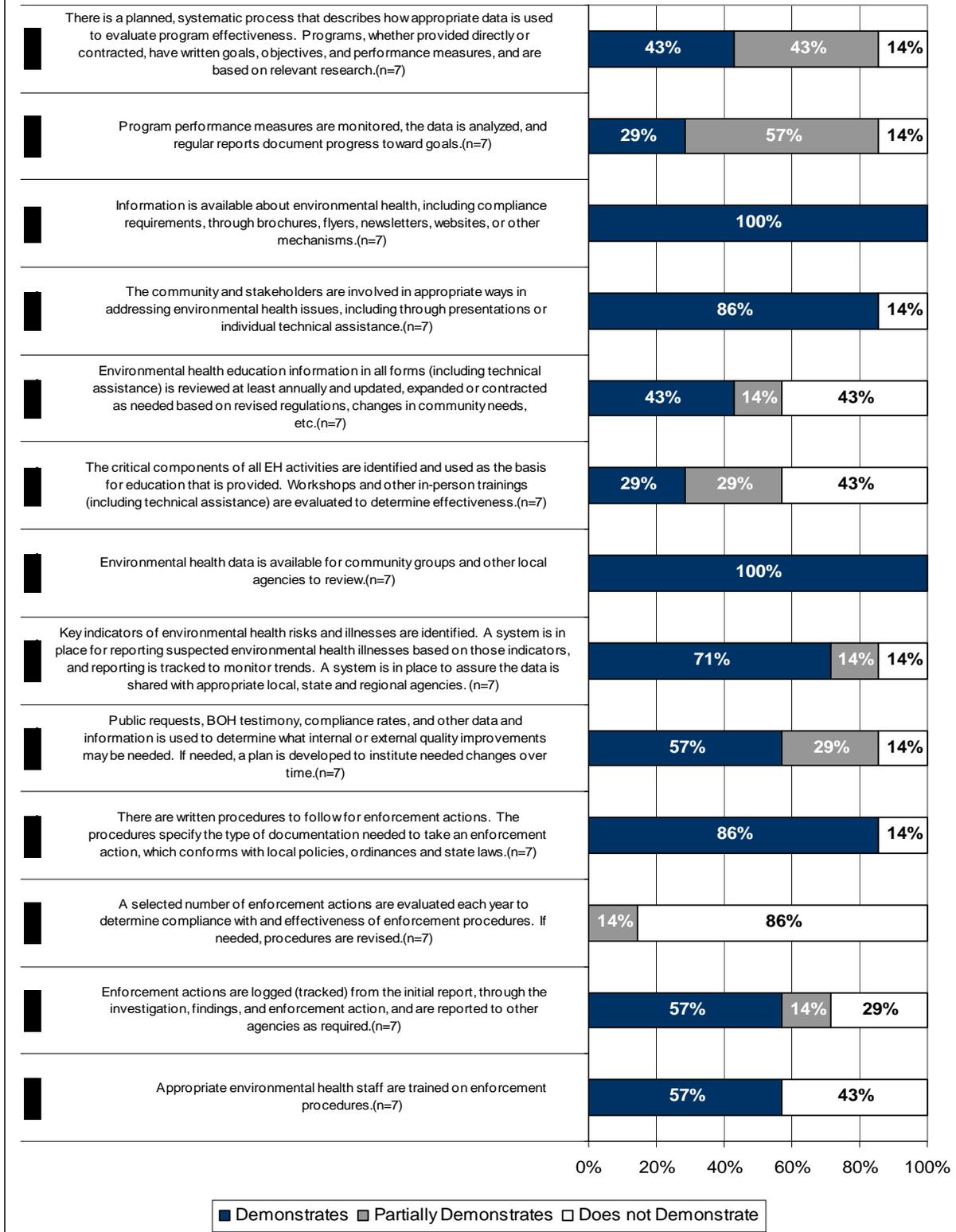
At the local level, this program averaged 58% demonstrated performance for all measures in the seven LHJ sites. This is the highest percent demonstrated at the local level in the five EH programs. For almost two-thirds of the measures (8 of 13 measures or 62%) reviewed for this

program, at least 50% or more of the LHJs demonstrated performance. The measures with lower demonstrated performance (AS 3.2, AS 3.3, EH 1.3, EH 1.4, and EH 4.3) indicate areas of needed improvement in:

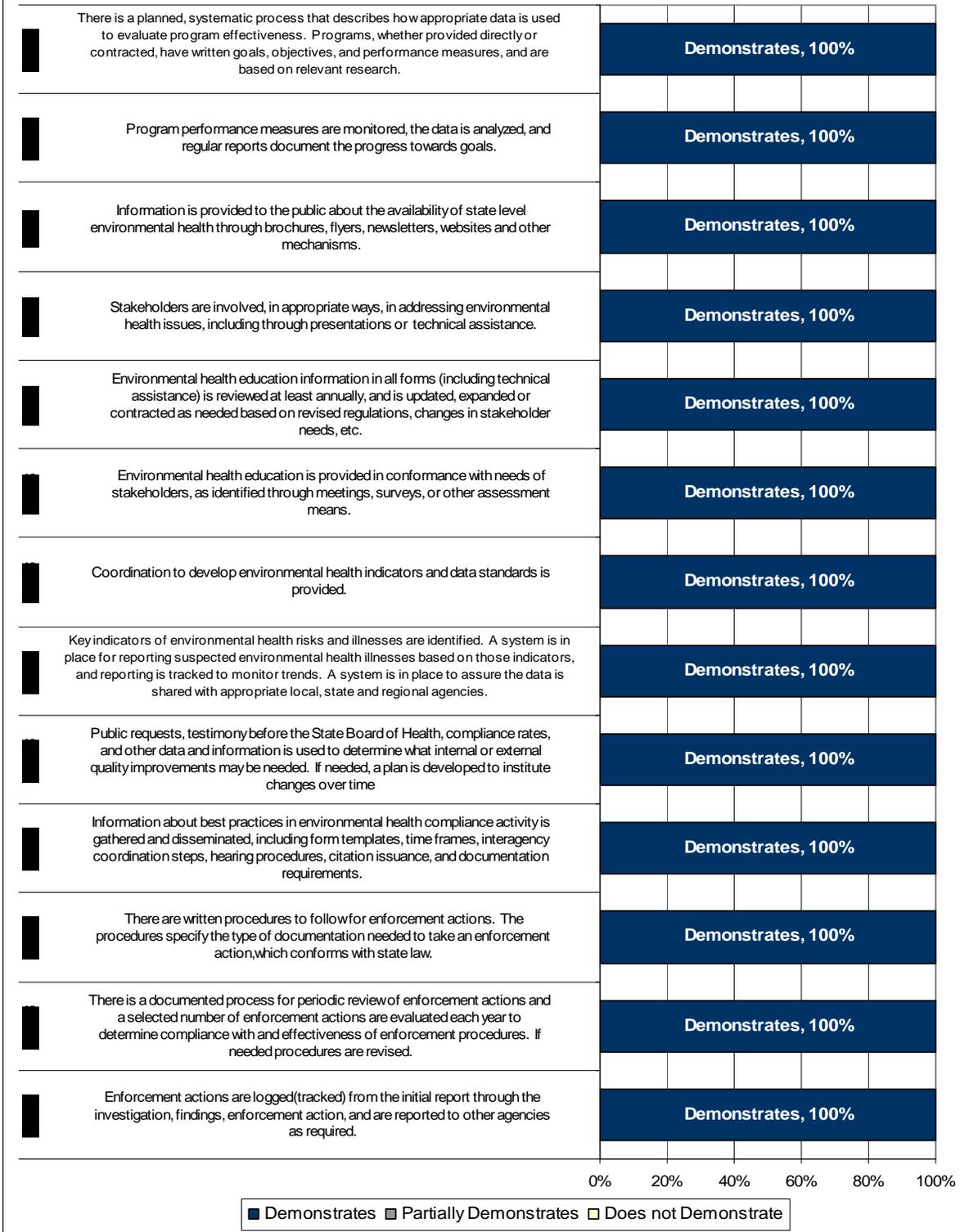
- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Reviewing and updating EH education information in all forms at least annually to reflect regulations and changes in community needs
- Evaluating workshops and training for effectiveness
- Evaluating a selected number of enforcement actions each year to determine compliance

The DOH Drinking Water program demonstrated performance for all 13 of the applicable measures related to LHJ program review.

## Drinking Water: Aggregate LHJ Demonstration of Measures



### DOH Drinking Water Demonstration of Program Measures



### ***Food Safety Program: LHJ and State Performance Results***

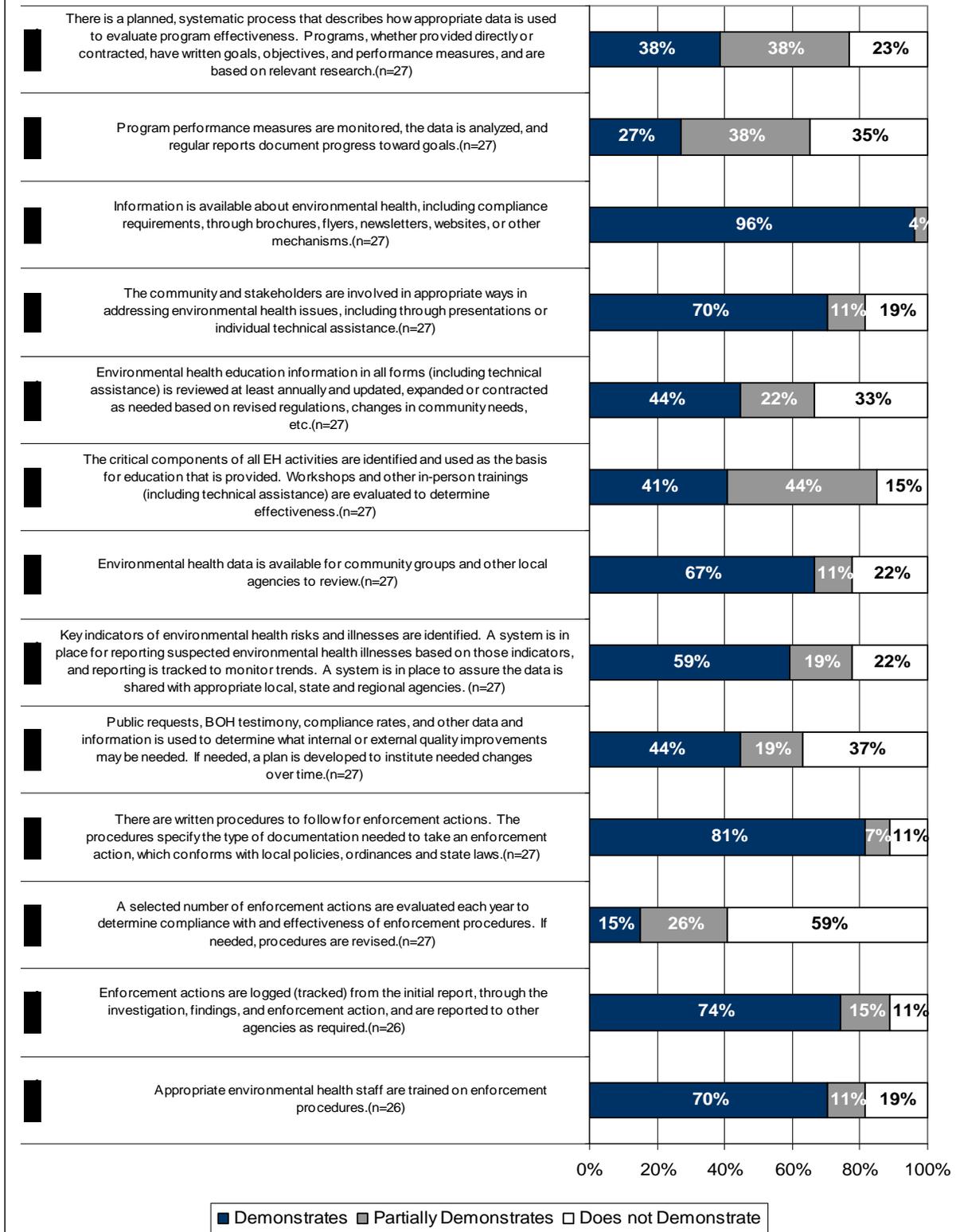
At the local level, this program averaged 56% demonstrated performance for all measures in the 27 LHJ sites that selected it for review. For just over half of the measures (7 of 13 measures or 54%) reviewed for this program, at least 50% or more of the LHJs demonstrated performance. The measures with lower demonstrated performance (AS 3.2, AS 3.3, EH 1.3, EH 1.4, EH 3.3 and EH 4.3) indicate areas of needed improvement in:

- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Reviewing and updating EH education information in all forms at least annually to reflect regulations and changes in community needs
- Evaluating workshops and training for effectiveness
- Using public requests, BOH testimony compliance rates and other data to determine what quality improvements may be needed and developing a QI plan if needed
- Evaluating a selected number of enforcement actions each year to determine compliance

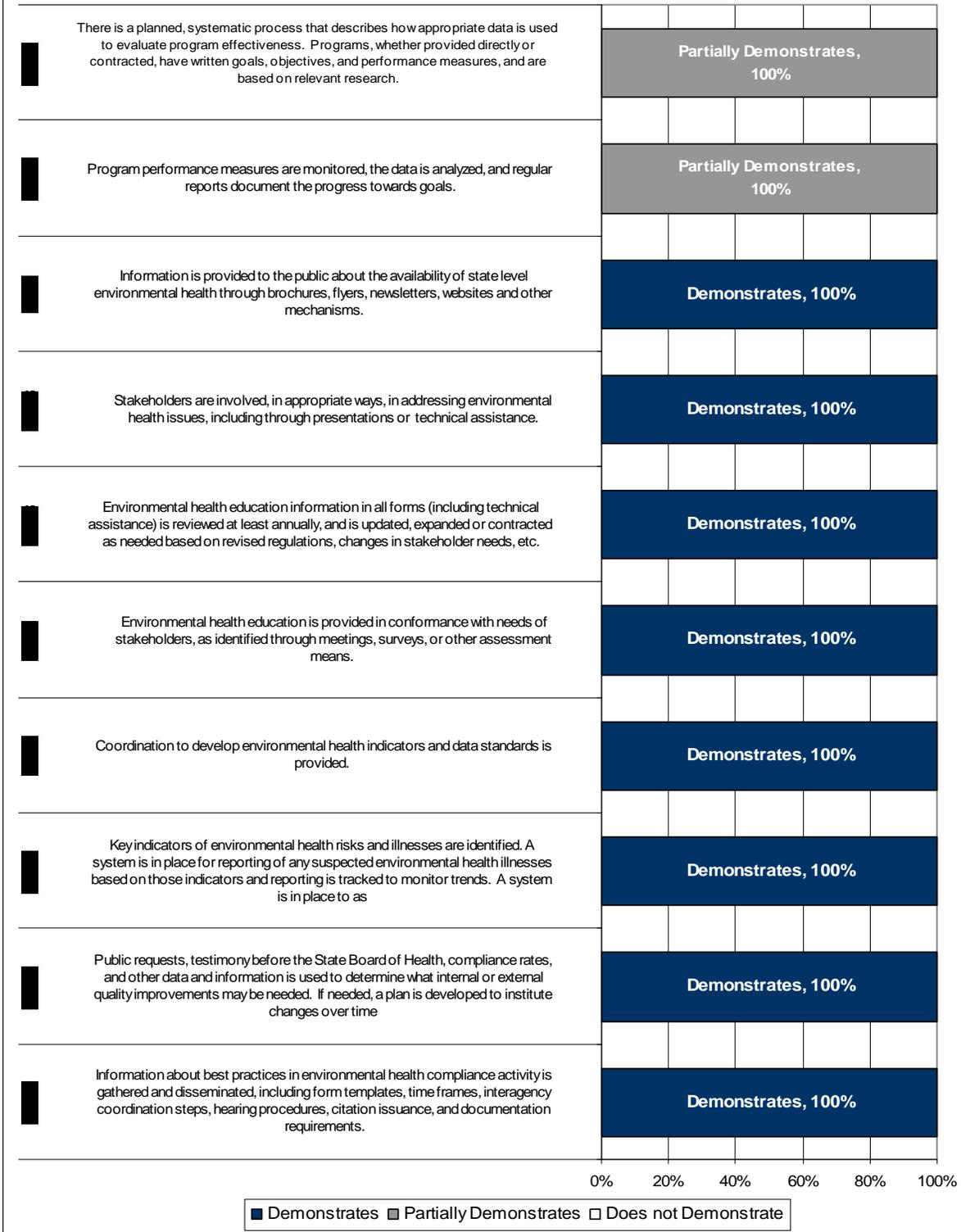
The DOH Food Safety program demonstrated performance for 8 of the 10 applicable measures related to LHJ program review. The program partially demonstrated two measures AS 3.2 and AS 3.3 which indicates improvement needed in:

- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals

## Food Safety: Aggregate LHJ Demonstration of Measures



### DOH Food Safety Demonstration of Program Measures



### ***Wastewater Management Program: LHJ and State Performance Results***

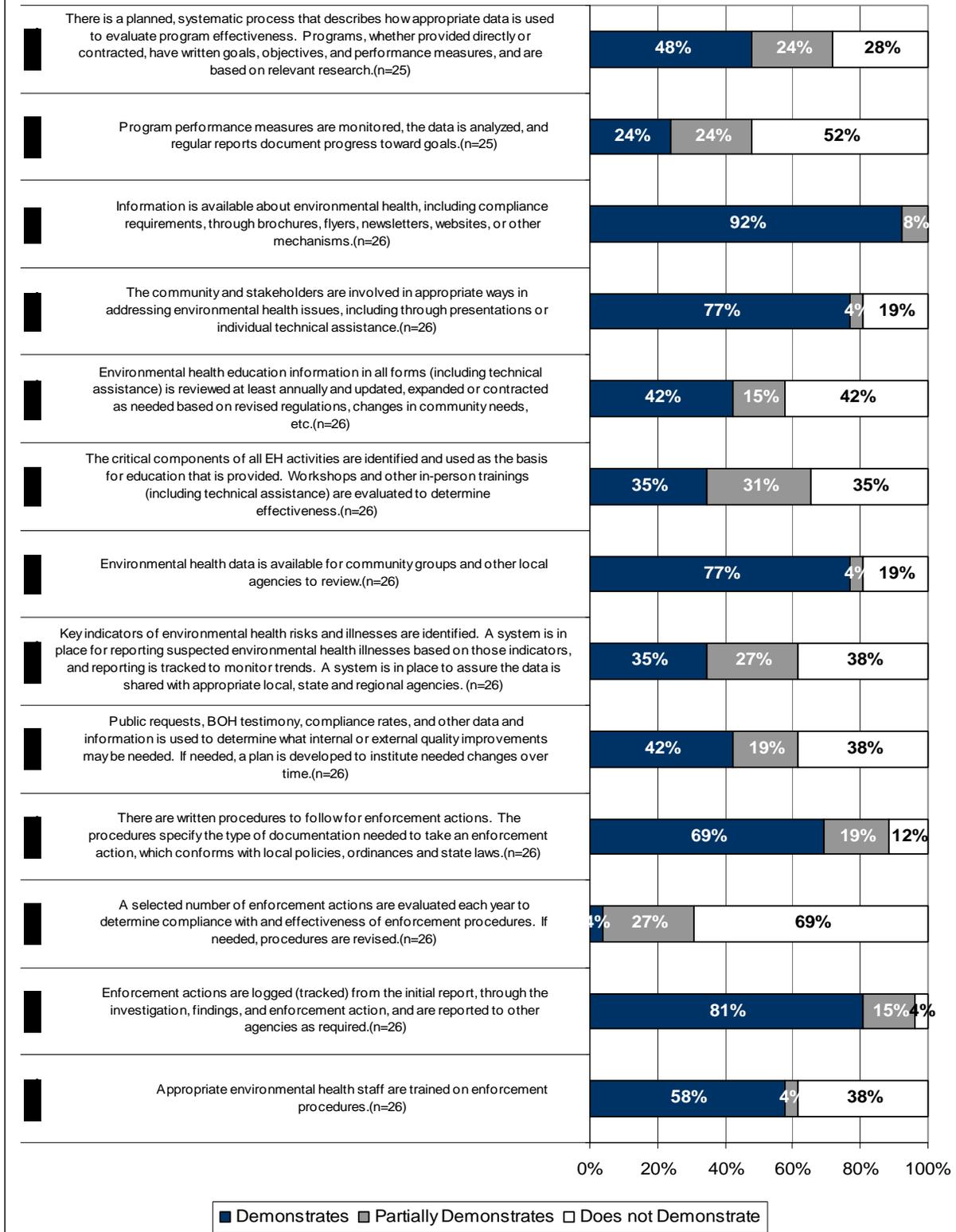
At the local level, this program averaged 53% demonstrated performance for all measures in the 26 LHJ sites that selected for review. For almost half of the measures (6 of 13 measures or 46%) reviewed for this program, at least 50% or more of the LHJs demonstrated performance. The measures with lower demonstrated performance (AS 3.2, AS 3.3, EH 1.3, EH 1.4, EH 3.2, EH 3.3 and EH 4.3) indicate areas of needed improvement in:

- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Reviewing and updating EH education information in all forms at least annually to reflect regulations and changes in community needs
- Evaluating workshops and training for effectiveness
- Identifying key indicators of environmental health risks and illnesses, reporting on suspected illnesses, tracking indicators over time, and sharing the data with local, state and regional agencies
- Using public requests, BOH testimony compliance rates and other data to determine what quality improvement s may be needed and developing a QI plan if needed
- Evaluating a selected number of enforcement actions each year to determine compliance

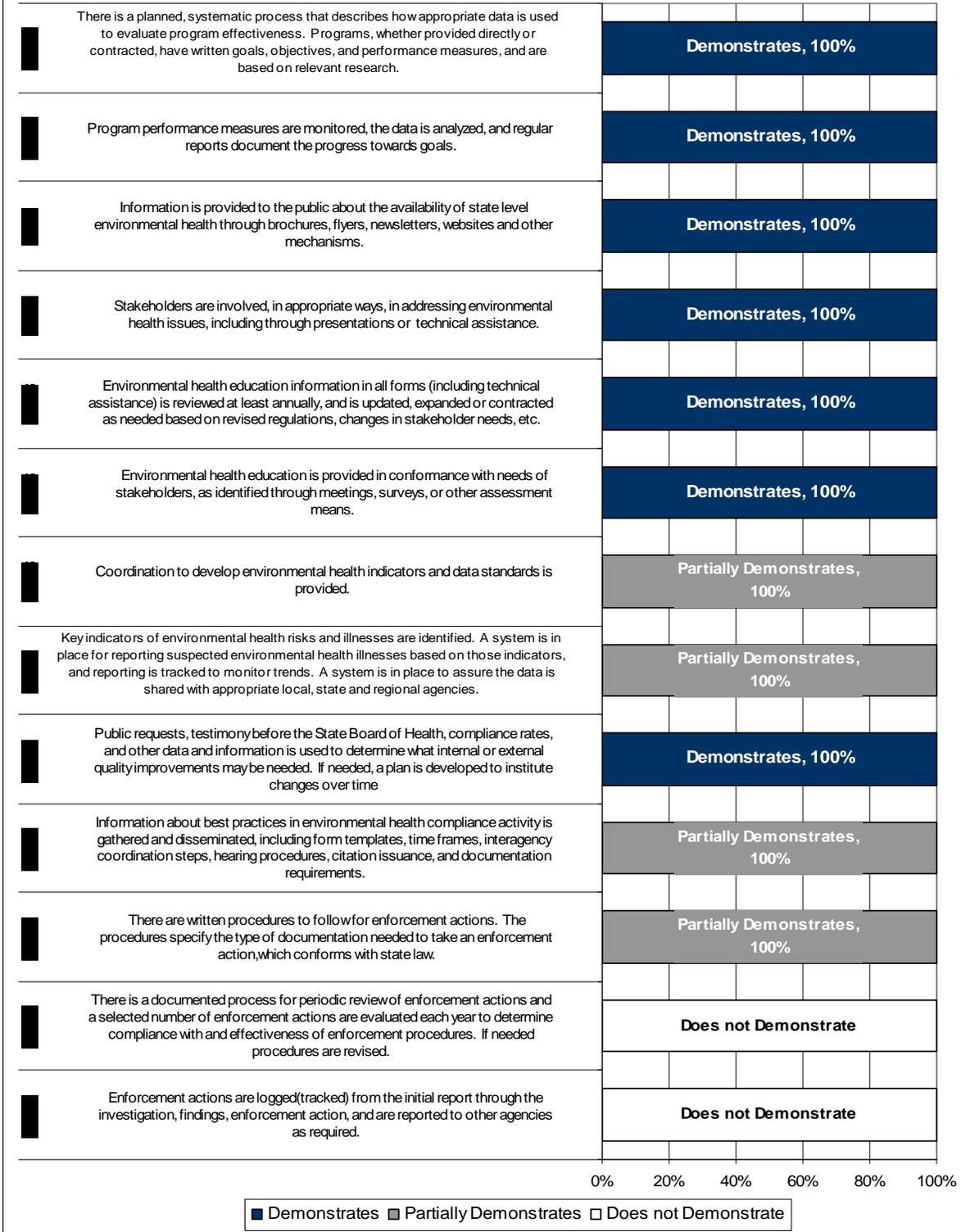
The DOH Wastewater Management program demonstrated performance for 8 of the 13 applicable measures related to LHJ program review. The program did not demonstrate performance for two measures; EH 4.4S [*There is a documented process for periodic review of enforcement actions and a selected number of enforcement actions are evaluated each year to determine compliance with and effectiveness of enforcement procedure. If needed procedures are revised.*] and EH 4.5S [*Enforcement actions are logged (tracked) from the initial report through the investigation, findings, enforcement action, and are reported to other agencies as required.*] Wastewater Management partially demonstrated four measures EH 3.1S, EH 3.2S, EH 4.2S and EH 4.3S which indicates improvement is needed in:

- Providing coordination to develop EH indicators and data standards
- Identifying key indicators of EH risks and illnesses and implementing a system for reporting and tracking of trends in suspected EH illnesses based on indicators
- Gathering and disseminating EH information about best practices, including templates
- Assuring written enforcement procedures that specify the type of documentation needed to take in enforcement actions which conform to state law.

## Waste Water: Aggregate LHJ Demonstration of Measures



### DOH Waste Water Management Demonstration of Program Measures



### ***Water Recreational Safety Program: LHJ and State Performance Results***

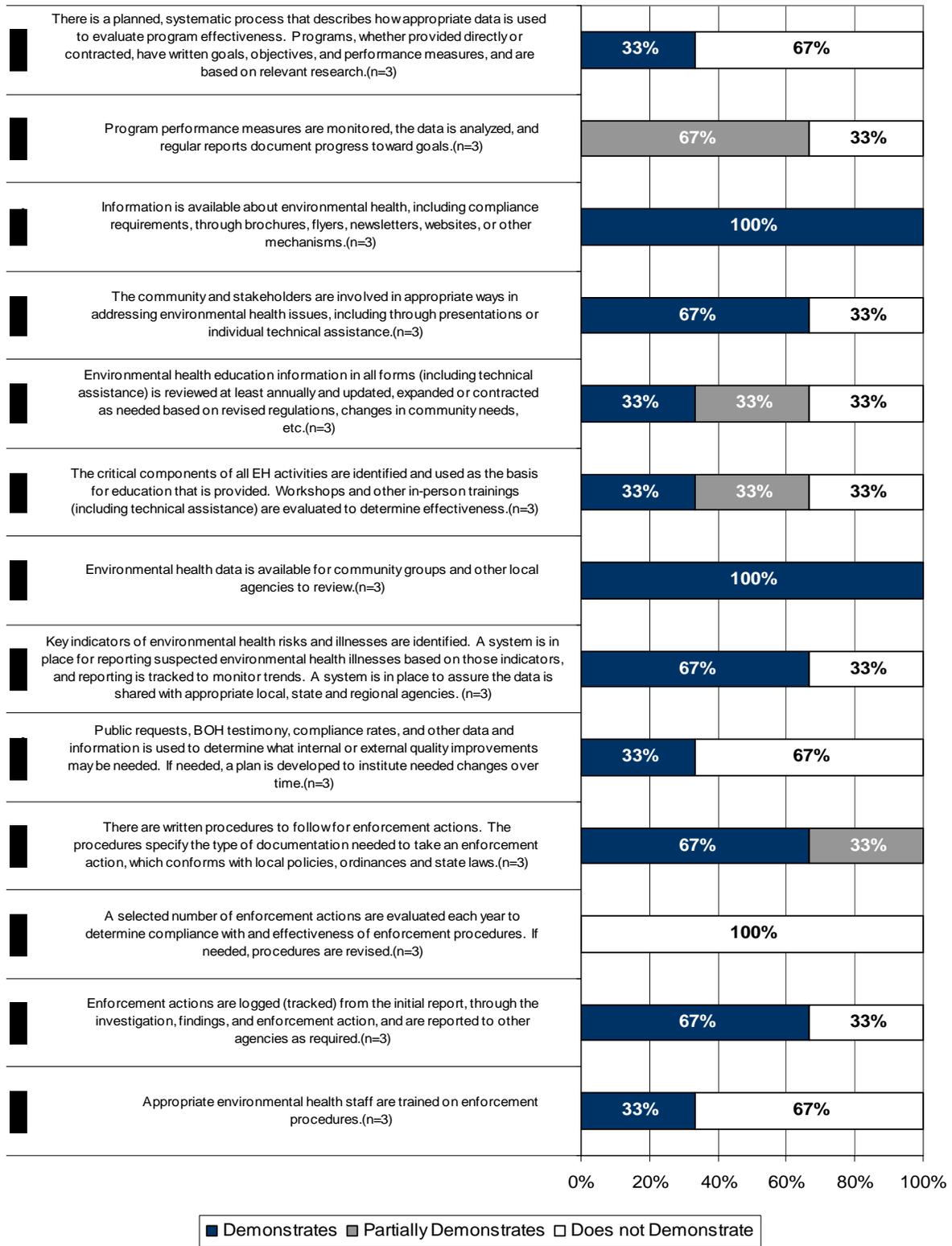
At the local level, this program averaged 48% demonstrated performance for all measures in the 3 LHJ sites that selected it for review. For almost half of the measures (6 of 13 measures or 46%) reviewed for this program, at least 50% or more of the LHJs demonstrated performance. Two measures, however, had no LHJ able to demonstrate performance; these were AS 3.3L [*Program performance measures are monitored, the data is analyzed and regular reports document progress toward goals*] and EH 4.3L [*A selected number of enforcement actions are evaluated each year to determine compliance*]. The measures with lower demonstrated performance (AS 3.2, AS 3.3, EH 1.3, EH 1.4, EH 3.3, EH 4.3 and EH 4.5) indicate areas of needed improvement in:

- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Reviewing and updating EH education information in all forms at least annually to reflect regulations and changes in community needs
- Evaluating workshops and training for effectiveness
- Using public requests, BOH testimony compliance rates and other data to determine what quality improvements may be needed and developing a QI plan if needed
- Evaluating a selected number of enforcement actions each year to determine compliance
- Staff training on enforcement procedures

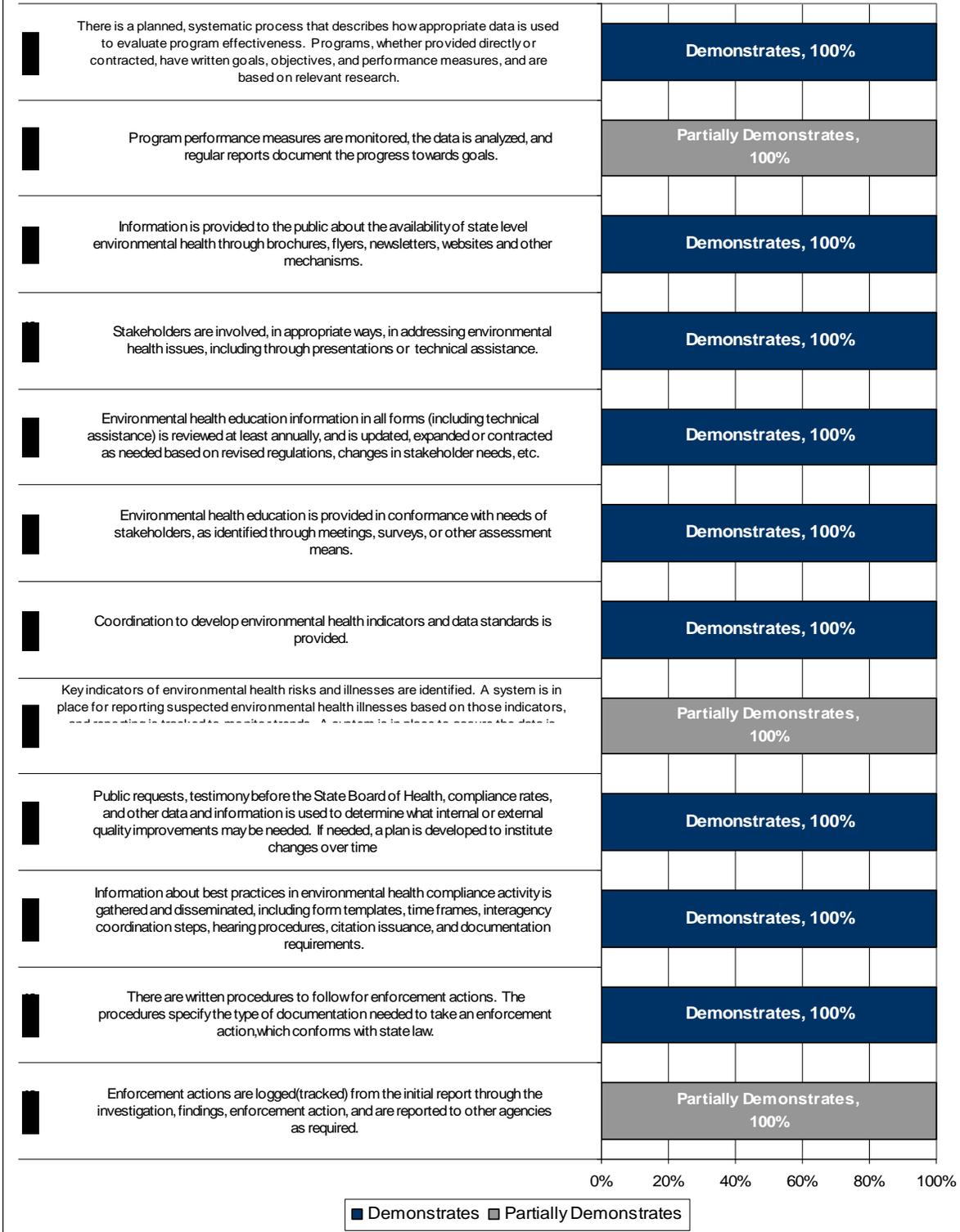
The DOH Water Recreational Safety program demonstrated performance for 9 of 12 (75%) applicable measures related to LHJ program review. Three measures with partially demonstrated performance (AS 1.5, AS 3.4, EH 2.5, and EH 4.6) indicate areas of needed improvement in:

- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Identifying key indicators of EH risks and illnesses and implementing a system for reporting and tracking of trends in suspected EH illnesses based on indicators
- Assuring that enforcement actions are logged (tracked) from the initial report through the investigation, findings, enforcement action, and are reported to other agencies as required.

## Water Recreation: Aggregate LHJ Demonstration of Measures



### DOH Water Recreation Demonstration of Program Measures



### ***Zoonotics/Vector Control Program: LHJ and State Performance Results***

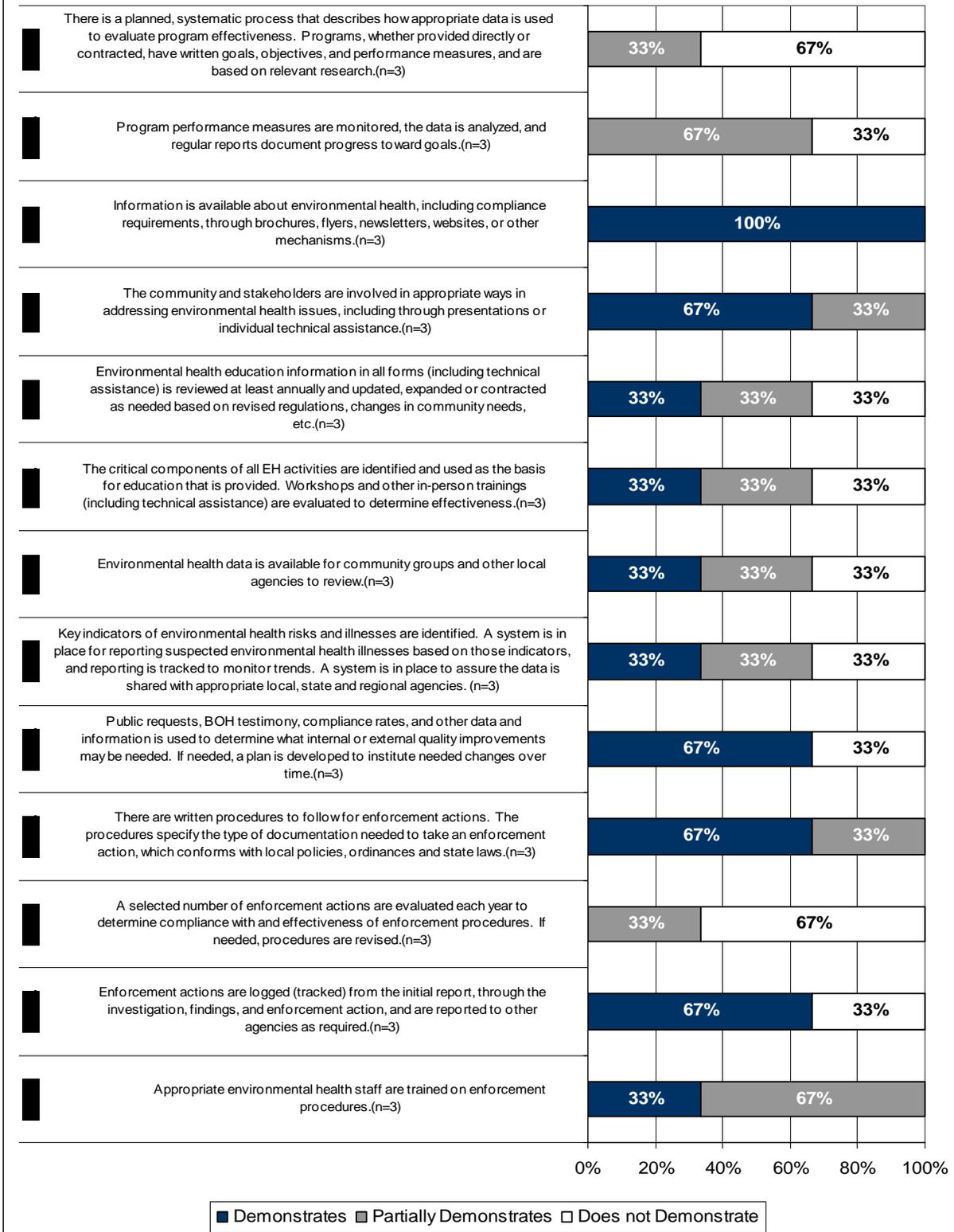
At the local level, this program averaged 41% demonstrated performance for all measures in the 3 LHJ sites that selected it for review. For just over one-third of the measures (5 of 13 measures or 39%) reviewed for this program, at least 50% or more of the LHJs demonstrated performance. Three measures, however, had no LHJ able to demonstrate performance; these were AS 3.2L [*There is a planned, systematic process to describe how data are used to evaluate program effectiveness and have goals, objectives and performance measures.*], AS 3.3L [*Program performance measures are monitored, the data is analyzed and regular reports document progress toward goals.*] and EH 4.3L [*A selected number of enforcement actions are evaluated each year to determine compliance*].

The measures with lower demonstrated performance (AS 3.2, AS 3.3, EH 1.3, EH 1.4, EH 3.1, EH 3.2, EH 4.3 and EH 4.5) indicate areas of needed improvement in:

- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Reviewing and updating EH education information in all forms at least annually to reflect regulations and changes in community needs
- Evaluating workshops and training for effectiveness
- Assuring that Zoonotics related health data is available for community groups to review
- Identifying key indicators of environmental health risks and illnesses, reporting on suspected illnesses, tracking indicators over time, and sharing the data with local, state and regional agencies
- Using public requests, BOH testimony compliance rates and other data to determine what quality improvement s may be needed and developing a QI plan if needed
- Evaluating a selected number of enforcement actions each year to determine compliance
- Staff training on enforcement procedures

The DOH Zoonotics program demonstrated performance for all 10 applicable measures related to LHJ program review.

## Zoonotics: Aggregate LHJ Demonstration of Measures



### DOH Zoonotics Demonstration of Program Measures



## **IV. Findings Regarding Demonstrated Performance in the Prevention and Health Promotion (PP) Programs**

### ***Summary Findings***

The following are findings across all five PP programs at the local level:

Measure PP 4.4 L [*Staff providing prevention, early intervention, and outreach services have appropriate skills and training*] had 75% or higher demonstrated performance.

Measure PP 5.3 L [*Health promotion efforts have goals, objectives, and performance measures. The number and type of health promotion activities are tracked, and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.*] had the lowest percent demonstrated performance with 20% in Child Care, 15% in First Steps, 17% in Immunizations, 0% in Nutrition and Physical Activity, and 15% in Tuberculosis.

The following are findings across all five PP programs at the state level:

- None of the five selected DOH PP programs demonstrated performance in all eight applicable measures related to LHJ program review.
- The range of percent demonstrated in the five DOH programs is 88% in Child Care to 29% in Nutrition and Physical Activity in the applicable measures related to LHJ program review.

### ***Child Care Program: LHJ and State Performance Results***

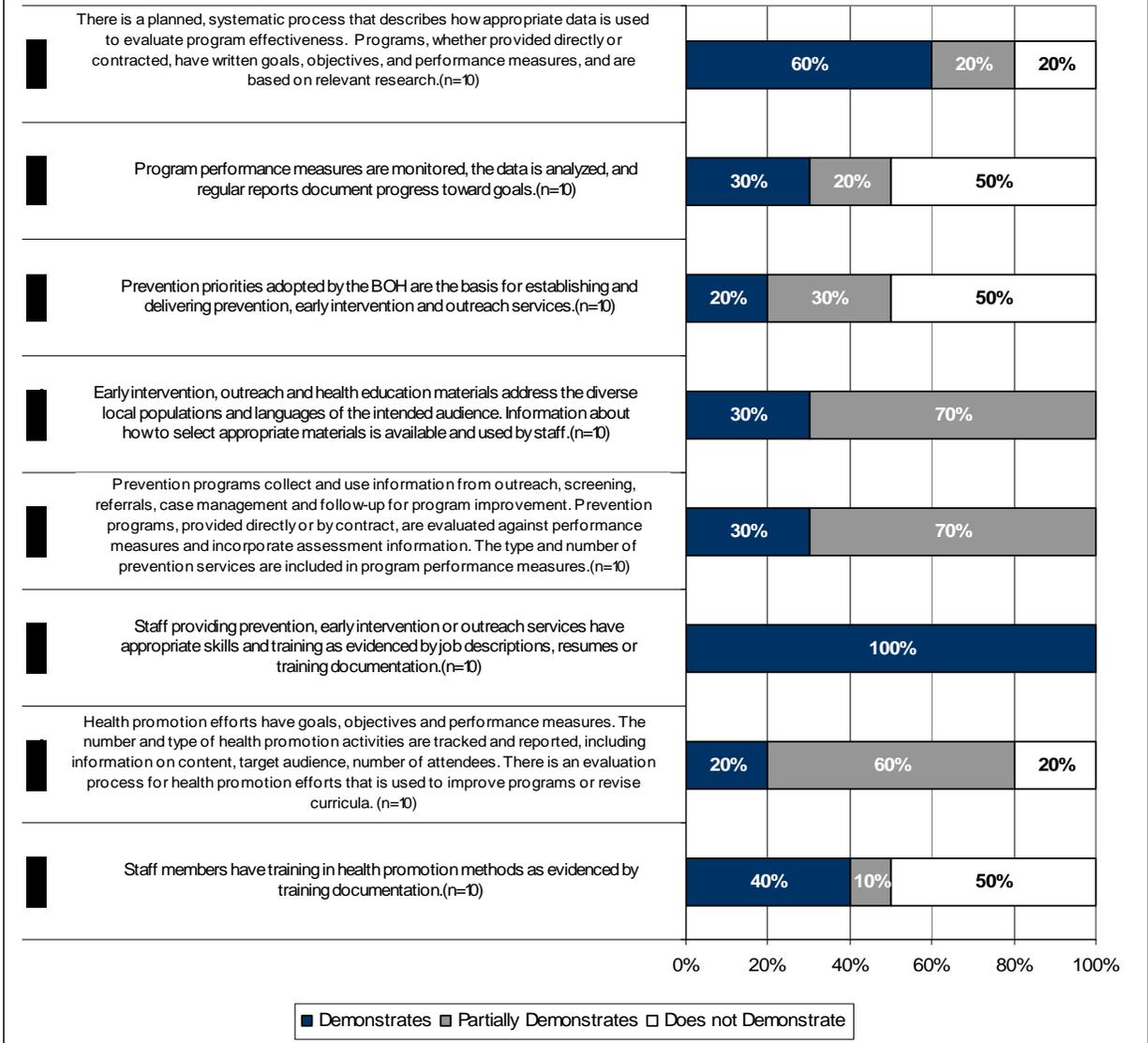
At the local level, this program averaged 41% demonstrated performance for all measures in the 10 LHJ sites that selected it for review. For one-quarter of the measures (2 of 8 measures or 25%) at least 50% or more of the LHJs demonstrated performance. One measure, PP 4.4 [*Staff providing prevention, early intervention, and outreach services have appropriate skills and training*] had 100% demonstrated performance. The measures with less than 50% of LHJs able to demonstrate performance (AS 3.3, PP 4.1, PP 4.2, PP 4.3, PP 5.3, and PP 5.4) indicate areas of needed improvement in:

- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Assuring that the priorities adopted by the local BOH are the basis for establishing and delivering prevention, early intervention and outreach services
- Assuring that information on how to select appropriate education materials for diverse populations and language preference are available to staff
- Collecting and using data for program improvement, and that programs are evaluated against performance measures, including the number and type of services
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.

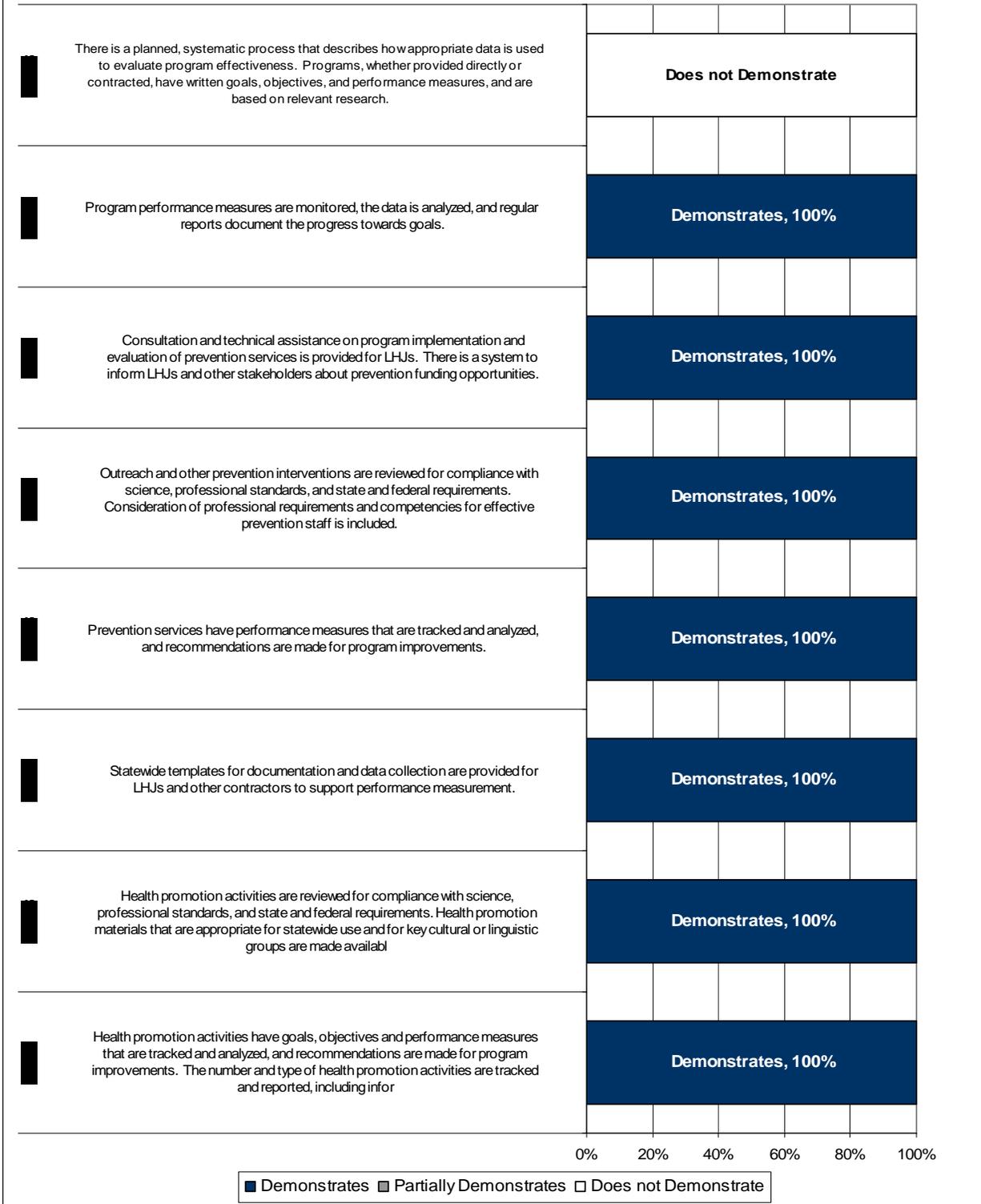
- Conducting an evaluation process for health promotion efforts that is used to improve programs or revise curricula
- Staff training on health promotion methods

The DOH Child Care program demonstrated performance for 88% of measures (7 of 8 applicable measures). One measure was not demonstrated, AS 3.2S [*There is a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness. Programs have written goals, objectives and performance measures and are based on relevant research*]. The Child Care program did not provide documentation for this measure, as they determined the measure should not be applicable. The DOH Matrix indicated that the measure is applicable to the program. The Healthy Child Care Washington Evaluation Report contains documentation that addresses this measure, however, the data reported in the HCCW Report is at the state level, and could be improved by providing local levels with actionable data and information for monitoring their local program effectiveness.

### Child Care: Aggregate LHJ Demonstration of Measures



**DOH CAH/Child Care Demonstration of Program Measures**



### ***First Steps Program LHJ and State Performance Results***

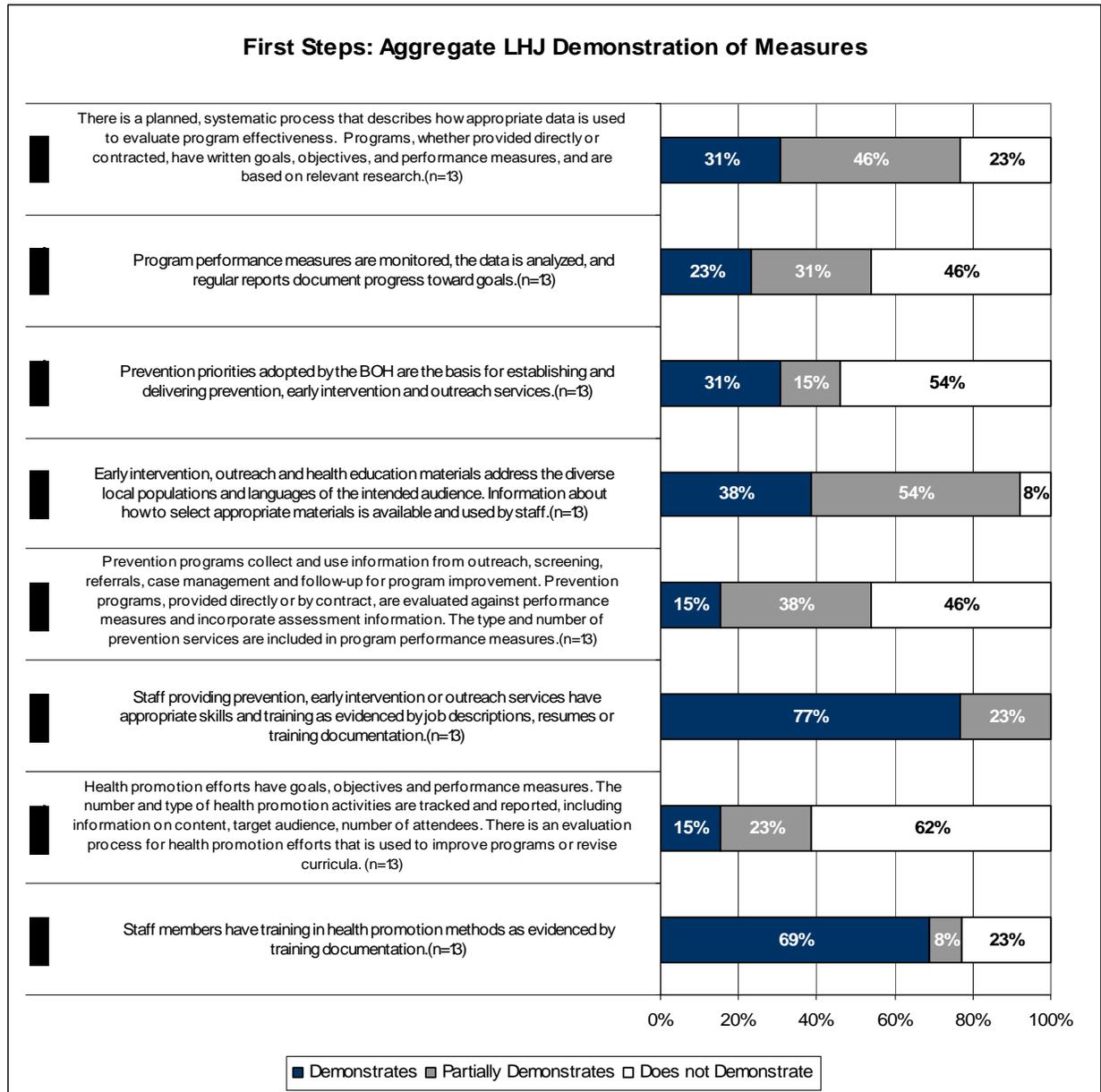
At the local level, this program averaged 37% demonstrated performance for all measures in the 13 LHJ sites that selected it for review. For one-quarter of the measures (2 of 8 measures or 25%) at least 50% or more of the LHJs demonstrated performance. One measure, PP 4.4 [*Staff providing prevention, early intervention, and outreach services have appropriate skills and training*] had 77% demonstrated performance. The measures with less than 50% of LHJs able to demonstrate performance (AS 3.2, AS 3.3, PP 4.1, PP 4.2, PP 4.3, and PP 5.3) indicate areas of needed improvement in:

- Implementing a systematic process to use data to evaluate program effectiveness, and assure that programs have goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Assuring that the priorities adopted by the local BOH are the basis for establishing and delivering prevention, early intervention and outreach services
- Assuring that information on how to select appropriate education materials for diverse populations and language preference are available to staff
- Collecting and using data for program improvement, and assuring that all programs are evaluated against performance measures
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting on health promotion activities and information on content, target audience, number of attendees.
- Conducting an evaluation process for health promotion efforts that is used to improve programs or revise curricula

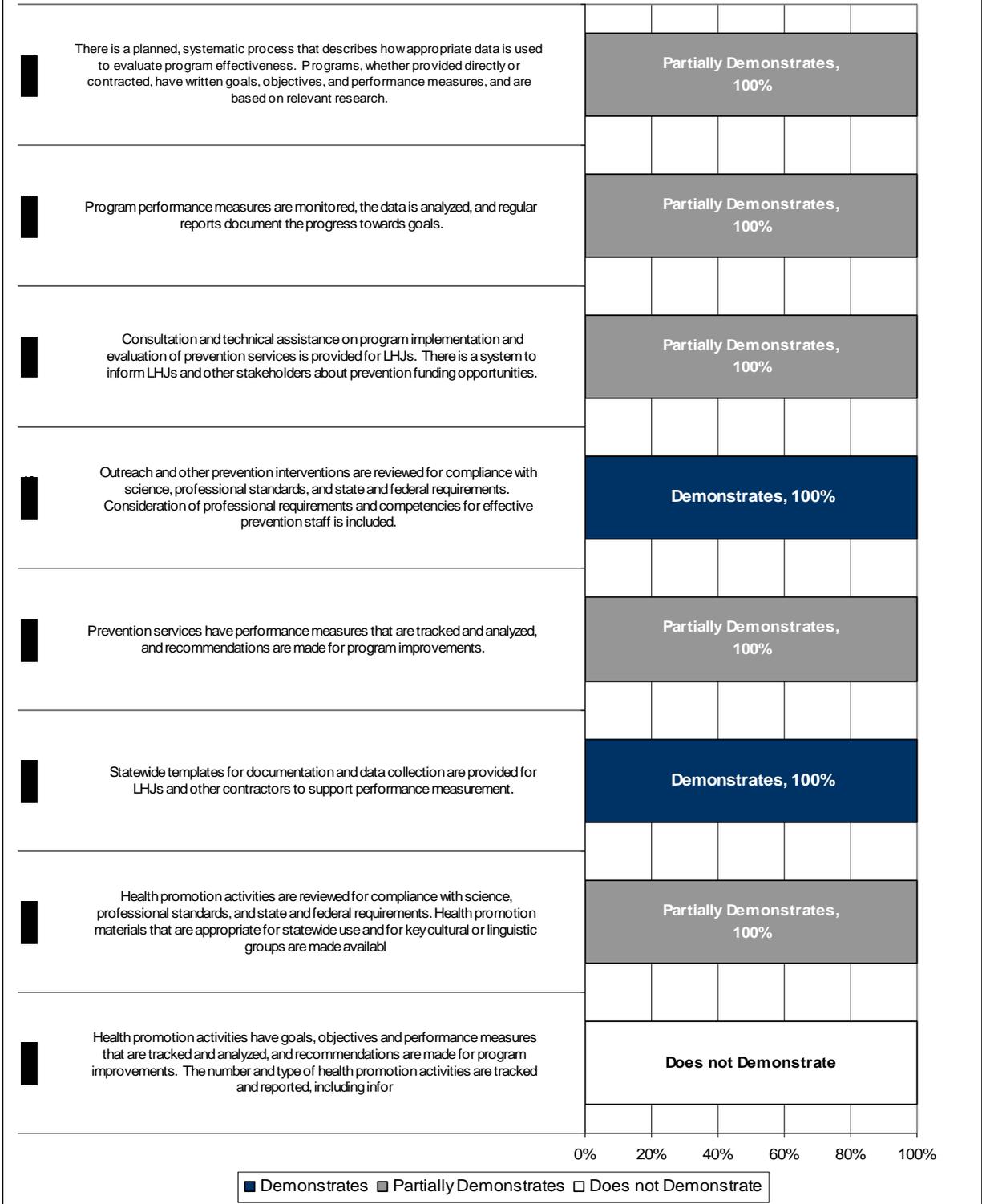
The DOH First Steps program demonstrated performance for one-quarter of the applicable measures (2 of the 8 or 25%) related to LHJ program review. One measure was not demonstrated, PP5.4S [*Health promotion efforts have goals, objectives, and performance measures. The number and type of health promotion activities are tracked, and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.*] The five measures with partially demonstrated performance relate (AS 3.2S, AS 3.3S, PP 4.1S, PP 4.3S and PP 5.3S) indicate improvement is needed in:

- Implementing a systematic process to use data to evaluate program effectiveness, and programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Providing consultation and TA on program implementation and evaluation
- Assuring prevention services performance measures are monitored, tracked, analyzed and used for program improvements

- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.



**DOH MIH/First Steps Demonstration of Program Measures**



### ***Immunizations/CHILD Profile Program: LHJ and State Performance Results***

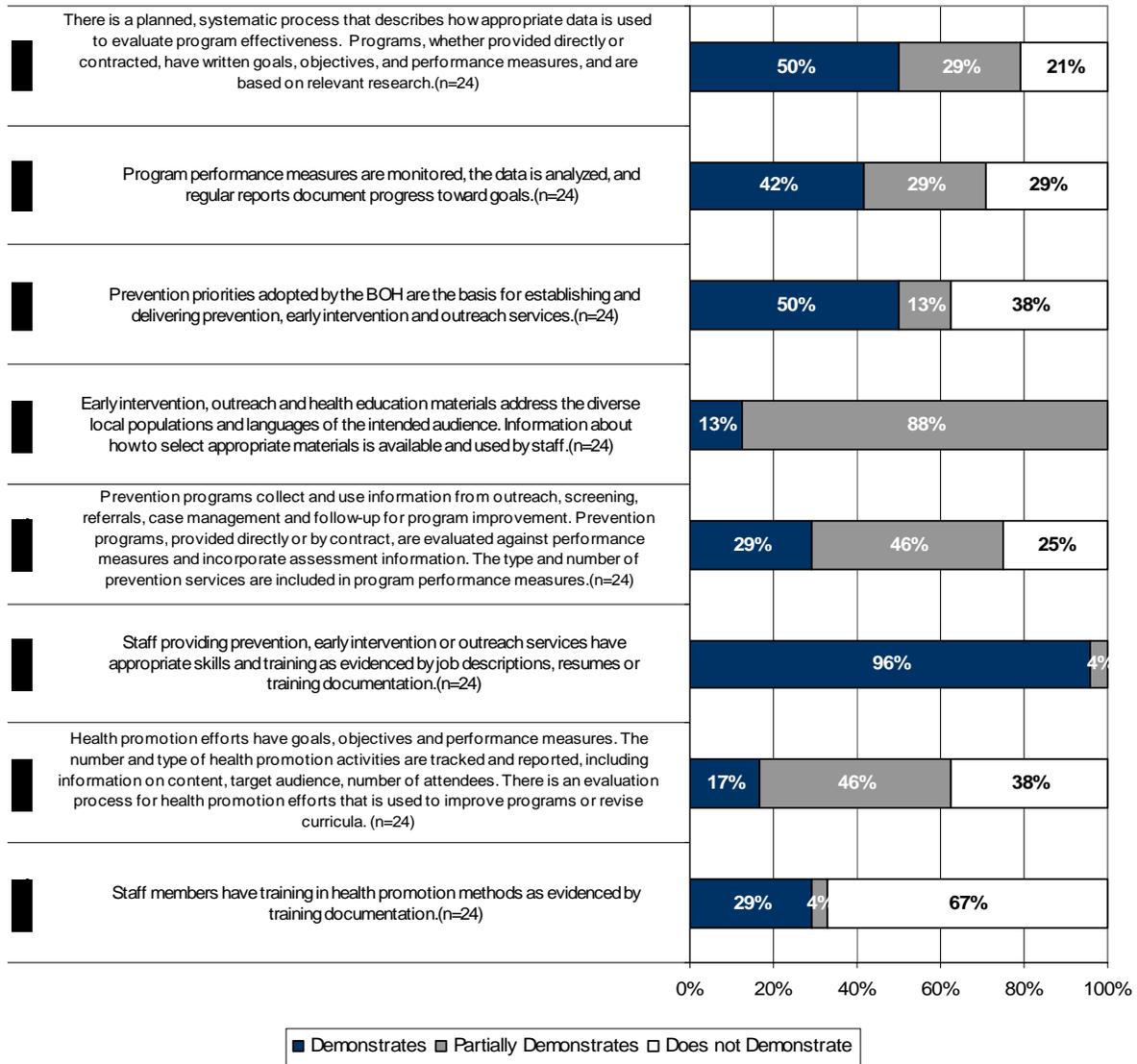
At the local level, this program averaged 41% demonstrated performance for all measures in the 24 LHJ sites that selected it for review. For just over one-third of the measures (3 of 8 measures or 38%), at least 50% or more of the LHJs demonstrated performance. One measure, PP 4.4 [*Staff providing prevention, early intervention, and outreach services have appropriate skills and training*] had more than 95% of LHJs able to demonstrate performance. The measures with less than 50% of LHJs able to demonstrate performance (AS 3.3, PP 4.2, PP 4.3, PP 5.3, and PP 5.4) indicate areas of needed improvement in:

- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Assuring that information on how to select appropriate education materials for diverse populations and language preference are available to staff
- Collecting and using data for program improvement, and that programs are evaluated against performance measures, including the number and type of services
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.
- Conducting an evaluation process for health promotion efforts that is used to improve programs or revise curricula
- Staff training on health promotion methods

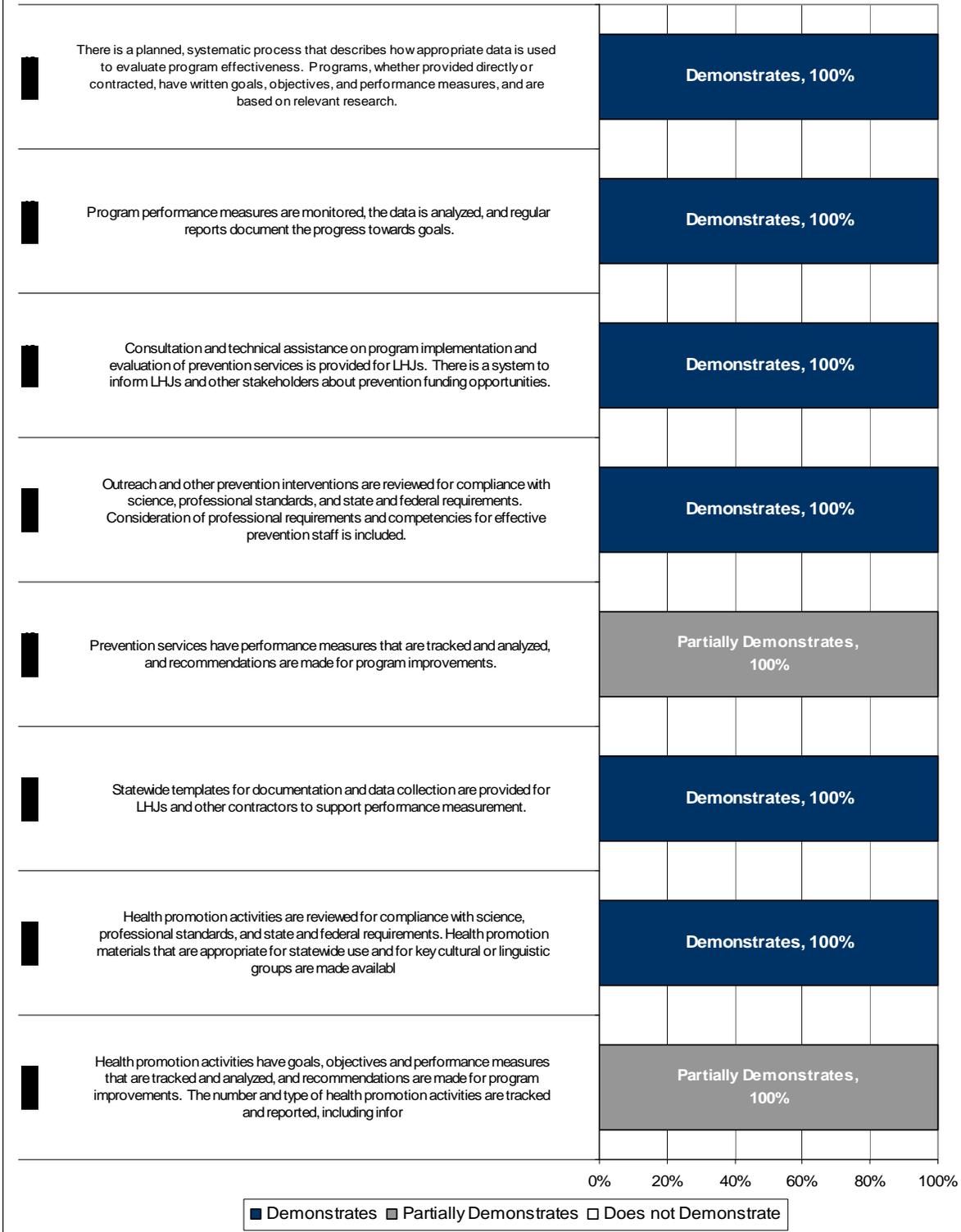
The DOH Immunizations/CHILD Profile program demonstrated performance for three-quarters of the applicable measures (6 of 8 or 75%) related to LHJ program review. The two measures with partially demonstrated performance PP 4.3S and PP 5.4S indicate areas of needed improvement in:

- Assuring prevention services performance measures are monitored, tracked, analyzed and used for program improvements
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.

## Immunizations: Aggregate LHJ Demonstration of Measures



### DOH Immunizations Demonstration of Program Measures



## ***Nutrition and Physical Activity Program: 2005 Overall LHJ and State Performance Results***

At the local level, this program averaged 50% demonstrated performance for all measures in the 4 LHJ sites that selected it for review. For almost two-thirds of the measures (5 of 8 measures or 63%), at least 50% or more of the LHJs demonstrated performance. Two measures, PP 4.4 [*Staff providing prevention, early intervention, and outreach services have appropriate skills and training*] and PP 5.4 [*Staff members have training in health promotion methods as evidenced by training documentation*] had 100% of LHJs able to demonstrate performance.

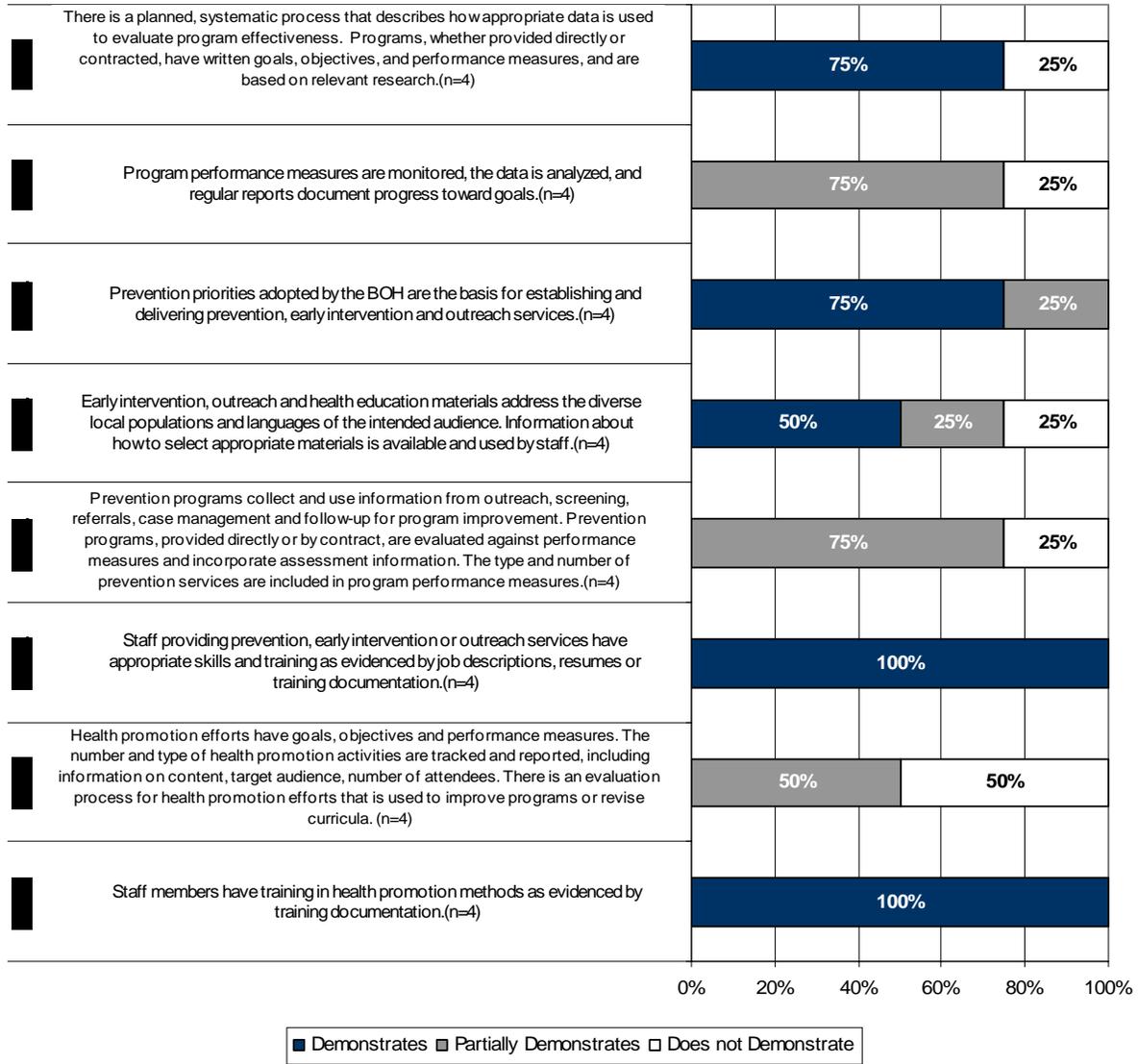
Three measures had no LHJs able to demonstrate performance; AS 3.3 L [*Program performance measures are monitored, the data is analyzed and regular reports document progress toward goals*], PP 4.3 L [*Prevention programs collect and use information from outreach, screening, referrals, case management and follow-up for program improvement. Prevention programs are evaluated against performance measures and incorporate assessment information. The type and number of prevention services are included in performance measures*] and PP 5.3 L [*Health promotion efforts have goals, objectives, and performance measures. The number and type of health promotion activities are tracked, and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula*]. These three measures (AS 3.3, PP 4.3, and PP 5.3) indicate areas of needed improvement in:

- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Collecting and using data for program improvement, and that programs are evaluated against performance measures, including the number and type of services
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.
- Conducting an evaluation process for health promotion efforts that is used to improve programs or revise curricula

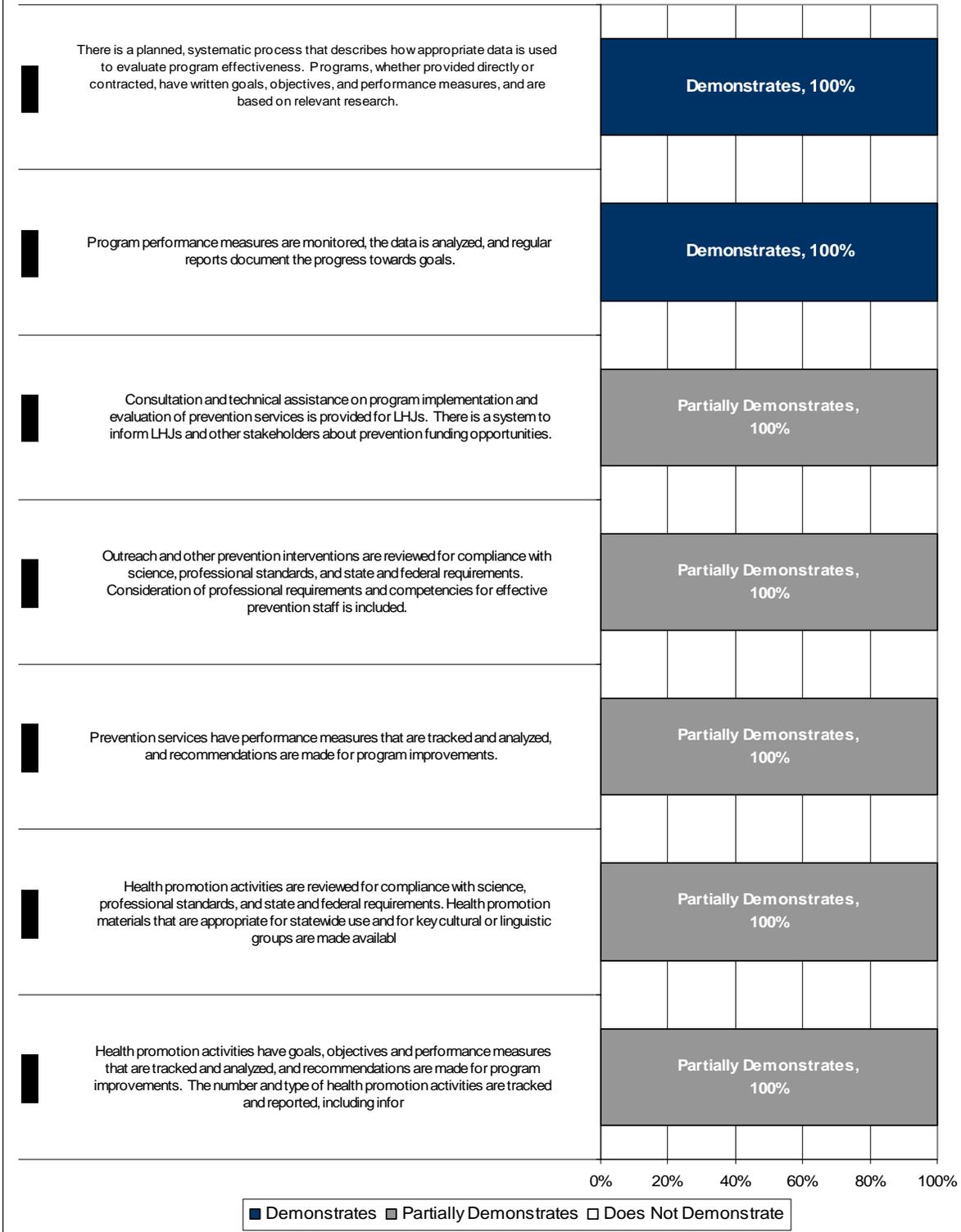
The DOH Nutrition and Physical Activity Program demonstrated performance for approximately one-third of the applicable measures (2 of 7 or 29%) related to LHJ program review. The five measures with partially demonstrated performance (PP 4.1S, PP 4.2S, PP 4.3S, PP 5.3S and PP 5.4S) indicate areas of needed improvement in:

- Providing consultation and TA on program implementation and evaluation
- Reviewing prevention interventions for compliance with standards and state requirements, including professional requirements for staff
- Assuring prevention services performance measures are monitored, tracked, analyzed and used for program improvements
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.
- Conducting an evaluation process for health promotion efforts that is used to improve programs or revise curricula

### Nutrition & Physical Activity: Aggregate LHJ Demonstration of Measures



**DOH CD/Nutrition & Physical Activity Demonstration of Program Measures**



### ***Tuberculosis Program: 2005 Overall LHJ and State Performance Results***

At the local level, this program averaged 32% demonstrated performance for all measures in the 13 LHJ sites that selected it for review. Only one measure has at least 50% or more of the LHJs able to demonstrate performance: PP 4.4 [*Staff providing prevention, early intervention, and outreach services have appropriate skills and training*] with 77% of the 13 LHJs able to demonstrate performance. The measures with less than 50% of LHJs able to demonstrate performance (AS 3.2, AS 3.3, PP 4.1, PP 4.2, PP 4.3, PP 5.3, and PP 5.4) indicate areas of needed improvement in:

- Assuring a planned, systematic process that describes how appropriate data are used to evaluate program effectiveness and that programs have written goals, objectives and performance measures
- Assuring that program performance measures are monitored, the data is analyzed and regular reports document progress toward goals
- Assuring that the priorities adopted by the local BOH are the basis for establishing and delivering prevention, early intervention and outreach services
- Assuring that information on how to select appropriate education materials for diverse populations and language preference are available to staff
- Collecting and using data for program improvement, and that programs are evaluated against performance measures, including the number and type of services
- Assuring that health promotion efforts have goals, objectives, and performance measures, including tracking and reporting the number and type of health promotion activities and information on content, target audience, number of attendees.
- Conducting an evaluation process for health promotion efforts that is used to improve programs or revise curricula
- Staff training on health promotion methods

The DOH Tuberculosis program demonstrated performance for more than 80% of the applicable measures (5 of 6 or 83%) related to LHJ program review. The measure with partially demonstrated performance PP 4.1S indicates improvement is needed in:

- Providing consultation and TA on program implementation and evaluation



**DOH Tuberculosis Demonstration of Program Measures**



## V. Recommendations for Next Steps

The results of the ten programs performance evaluation affirms and strengthens the need for improvements in the many of the same areas as identified in the Overall System Performance Report. The two unique opportunities in using these results are for state level programs to share their expertise and assist each other in improving performance for specific measures, and in the opportunity for the state level program staff to provide consultation and assistance to LHJ program staff to improve performance in all LHJs in that program. For example, the three DOH programs that demonstrated establishing, monitoring and reporting on program performance measures (Drinking Water, Waste Water Management and Zoonotics) could share their documentation and processes with the two programs that did not fully demonstrate these measures. Likewise, the state level Drinking Water program staff jointly with local staff from LHJs that fully demonstrated these measures could assist the lower performing LHJs with improving this important aspect of program evaluation.

### *Recommendations for Program Improvement*

- **Assure that programs have written goals, objectives and performance measures and are regularly evaluated by monitoring performance measures, analyzing the results data and regularly reporting progress toward goals for all programs.**
- **Develop and implement processes to evaluate a selected number of EH investigation and compliance cases each year to determine compliance with required procedures.**
- **Assure that prevention and health promotion priorities adopted by the local BOH are the basis for establishing and delivering prevention, early intervention and outreach services, and health promotion activities.**
- **Assure that information on how to select appropriate education materials for diverse populations and language preference are available to staff.**
- **For each of these 10 programs, identify a group of local and state representatives from the program to discuss how to improve performance against the Standards at both the state and local levels, as needed. Consider selecting one or two important aspects of the program or the lowest performing two or three measures to improve in joint improvement activities.**
- **Build on system wide improvement activities where possible to minimize resources needed for improvement. For example, in the overall system report it is recommended that quantifiable performance measures be identified for EH and PP programs. This work may be initiated at the system level and some of these EH and PP programs could be pilots for the establishment and monitoring of performance against the measures.**
- **Assure that the planning for the next assessment cycle includes activities to determine how to integrate appropriate program review methods in the next round of system performance measurement.**

## VI. Attachment A: LHJ Matrix

### Assessment

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program-specific
	Standard and Measure			
AS 1.1 L	Current information on health issues affecting the community is readily accessible, including qualitative and standardized quantitative data.	X		
AS 1.2 L	There is a written procedure describing how and where to obtain technical assistance on assessment issues.	X		
AS 1.3 L	Goals and objectives are established for assessment activities as a part of LHJ planning, and staff or outside assistance is identified to perform the work.	X		
AS 1.4 L	Information on health issues affecting the community is updated regularly and includes information on communicable disease, environmental health and community health status. Data being tracked have standard definitions, and standardized measures are used.	X		
AS 1.5	Staff who perform assessment activities have documented training and experience in epidemiology, research, and data analysis. Attendance at trainings and peer exchange opportunities to expand available assessment expertise is documented.	X		
AS 2.1 L	Assessment data is provided to community groups and representatives of the broader community for review and identification of emerging issues that may require investigation.	X		
AS 2.2 L	The BOH receives a report annually on a local core set of indicators that includes data about community health status, communicable disease, and environmental health.	X		
AS 2.3 L	There is a planned, systematic process that describes how documented or emerging health issues are identified, assessment data gathered and analyzed, and recommendations are made regarding policy development and action.	X		

## Assessment

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program-specific
	Standard and Measure			
AS 2.4 L	Assessment investigations of changing or emerging health issues are part of the LHJ's annual goals and objectives.	X		
AS 2.5 L	A local core set of indicators that includes data about community health status, communicable disease, and environmental health is used as the basis for continuous monitoring of the health status of the community. This set of core indicators tracks data over time to signal changes in priority health issues.	X		
AS 3.1 L	Progress towards program goals is reported annually to the Board of Health via a single compiled report or a planned calendar of reports.	X		
AS 3.2 L	There is a planned, systematic process that describes how appropriate data is used to evaluate program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research.		X	X
AS 3.3 L	Program performance measures are monitored, the data is analyzed, and regular reports document progress toward goals.		X	X
AS 3.4 L	LHJ program staff have training in methods to evaluate performance against goals and assess program effectiveness.	X		
AS 3.5 L	There is documentation that performance monitoring data is analyzed and used to change and improve program offerings.	X		
AS 4.1 L	There is documentation of community involvement in the process of reviewing health data and recommending action such as further investigation, new program effort or policy direction.	X		
AS 4.2 L	The annual report to the BOH summarizes assessment data, including environmental health, and recommends actions for health policy decisions.	X		

## Assessment

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program-specific
	Standard and Measure			
AS 4.3 L	There is a planned systematic process that describes how health assessment data is used to guide health policy decisions.	X		
AS 4.4 L	Key indicator data being tracked and related recommendations are used in evaluating goals and objectives.	X		
AS 5.1 L	Written policies, including data sharing agreements, govern the use, sharing and transfer of data within the LHJ and with partner agencies.	X		
AS 5.2 L	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	X		

## Communicable Disease

	Standard and Measure	<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program-specific	Prevention and Promotion Program-specific
CD 1.1 L	Information is provided to the public on how to contact the LHJ to report a public health concern 24 hours per day. Law enforcement has current local and state 24-hour emergency contact lists.	X		
CD 1.2 L	Health care providers and labs know which diseases require reporting, have timeframes, and have 24-hour local contact information. There is a process for identifying new providers in the community and engaging them in the reporting process.	X		
CD 1.3 L	There are annual reports to the BOH that include communicable disease surveillance activity and related data from the local core set of indicators.	X		
CD 1.4 L	Written protocols are maintained for receiving and managing information on notifiable conditions. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public.	X		
CD 1.5 L	The local core indicators relating to communicable disease are analyzed annually, and implications for changes in investigation, intervention, or education efforts are identified..	X		
CD 1.6 L	A communicable disease tracking system is used which documents the initial report, investigation, findings and subsequent reporting to state and federal agencies.	X		
CD 1.7 L	There is documentation that staff members receive training on reporting of communicable disease.	X		
CD 2.1 L	Phone numbers for weekday and after-hours emergency contacts are available to DOH and appropriate local agencies, such as schools and hospitals.	X		
CD 2.2 L	A primary contact person or designated phone line for the LHJ is clearly identified in communications to health providers and appropriate public safety officials for reporting purposes.	X		

## Communicable Disease

	Standard and Measure	<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program-specific	Prevention and Promotion Program-specific
CD 2.3 L	Written policies or procedures delineate specific roles and responsibilities within agency divisions for local response and case investigations of disease outbreaks and other health risks.	X		
CD 3.1 L	Lists of private and public sources for referral to treatment are accessible to LHJ staff.	X		
CD 3.2 L	Information is given to local providers through public health alerts and newsletters about managing reportable conditions.	X		
CD 3.3 L	Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating the investigation), reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.	X		
CD 3.4 L	An annual self-audit, using a sample of communicable disease investigations, is done to monitor timeliness and compliance with disease-specific protocols.	X		
CD 3.5 L	LHJs identify key performance measures for communicable disease investigation and enforcement actions.	X		
CD 3.6 L	Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.	X		
CD 4.1 L	Information is provided through public health alerts to key stakeholders and press releases to the media.	X		
CD 4.2 L	A current contact list of media and providers is maintained and updated at least annually. This list is in the communicable disease manual and at other appropriate departmental locations.	X		

## Communicable Disease

	Standard and Measure	<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program-specific	Prevention and Promotion Program-specific
CD 4.3 L	Roles are identified for working with the news media. Policies identify the timeframes for communications and the expectations for all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts and media releases.	X		
CD 4.4 L	All staff that have lead roles in communicating urgent messages have been trained in risk communications.	X		
CD 5.1 L	An evaluation for each significant outbreak response documents what worked well and what process improvements are recommended for the future. Feedback is solicited from appropriate entities, such as hospitals and providers. Meetings are convened to assess how the outbreak was handled, identify issues and recommend changes in response procedures.	X		
CD 5.2 L	Recommendations based on outbreak response evaluation and recommendations for effective response efforts are reported to the BOH.	X		
CD 5.3 L	Local protocols are revised based on outbreak response evaluation findings or model materials disseminated by DOH.	X		
CD 5.4 L	Issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs	X		
CD 5.5 L	Staff training in communicable disease and other health risk issues is documented.	X		
CD 5.6 L	There is documentation that outbreak responses are evaluated and that evaluation findings are used for process improvement, and take into consideration surveillance processes, staff roles, investigation procedures, and communication efforts.	X		

## Environmental Health

	Standard and Measure	<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program-specific	Prevention and Promotion Program-specific
EH 1.1 L	Information is available about environmental health, including compliance requirements, through brochures, flyers, newsletters, websites, or other mechanisms.		X	
EH 1.2 L	The community and stakeholders are involved in appropriate ways in addressing environmental health issues, including through presentations or individual technical assistance.		X	
EH 1.3 L	Environmental health education information in all forms (including technical assistance) is reviewed at least annually and updated, expanded or contracted as needed based on revised regulations, changes in community needs, etc.		X	
EH 1.4 L	The critical components of all EH activities are identified and used as the basis for education that is provided. Workshops and other in-person trainings (including technical assistance) are evaluated to determine effectiveness.		X	
EH 2.1 L	Information is provided to the public on how to contact local jurisdictions to report environmental health threats or public health emergencies 24 hours a day.	X		
EH 2.2 L	Environmental health threats and public health emergencies are included in the local emergency response plan. After a public health emergency response involving environmental health occurs, environmental health staff are included in the local jurisdiction after-action debrief. Any changes to the response plan affecting environmental health response are documented.	X		

## Environmental Health

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program-specific
	Standard and Measure			
EH 2.3 L	Environmental health services that are critical to access in different types of emergencies are identified. Public education and outreach includes information on how to access these critical services. After-action debrief includes a review of the accessibility of those services, and any changes necessary are made and documented.	X		
EH 2.4 L	There is a plan that details the roles and responsibilities for LHJ staff in a natural disaster or other public health emergency that both stands alone and is part of the local emergency response plan. All LHJ staff receive annual training on their respective duties.	X		
EH 3.1 L	Environmental health data is available for community groups and other local agencies to review.		X	
EH 3.2 L	Key indicators of environmental health risks and illnesses are identified. A system is in place for reporting suspected environmental health illnesses based on those indicators, and reporting is tracked to monitor trends. A system is in place to assure the data is shared with appropriate local, state and regional agencies.		X	
EH 3.3 L	Public requests, BOH testimony, compliance rates, and other data and information is used to determine what internal or external quality improvements may be needed. If needed, a plan is developed to institute needed changes over time.		X	
EH 4.1 L	Written policies, local ordinances, administrative code, and enabling laws are accessible to the public.	X		
EH 4.2 L	There are written procedures to follow for enforcement actions. The procedures specify the type of documentation needed to take an enforcement action, which conforms with local policies, ordinances and state laws.		X	

## Environmental Health

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program-specific
	Standard and Measure			
EH 4.3 L	A selected number of enforcement actions are evaluated each year to determine compliance with and effectiveness of enforcement procedures. If needed, procedures are revised.		X	
EH 4.4 L	Enforcement actions are logged (tracked) from the initial report, through the investigation, findings, and enforcement action, and are reported to other agencies as required.		X	
EH 4.5 L	Appropriate environmental health staff are trained on enforcement procedures.		X	

## Prevention and Promotion

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program- specific
	Standard and Measure			
PP 1.1 L	Prevention and health promotion priorities are selected with involvement from community groups and other organizations interested in the public's health.	X		
PP 1.2 L	Prevention and health promotion priorities are adopted by the BOH, based on assessment information, local issues, funding availability, program evaluation and experience in service delivery, including information on best practices or scientific findings.	X		
PP 1.3 L	Prevention and health promotion priorities are reflected in the goals, objectives and performance measures of the LHJ's annual plan. Data from program evaluation and key indicators is used to develop strategies.	X		
PP 2.1 L	The LHJ involves a broad range of community partners in considering assessment information to set prevention priorities.	X		
PP 2.2 L	Staff members have training in community mobilization methods as evidenced by training documentation.	X		
PP 3.1 L	Summary information is available to the public describing preventive services available in the community. This may be produced by a partner organization or the LHJ, and it may be produced in a paper or web-based format.	X		
PP 3.2 L	Local prevention services are evaluated and a gap analysis that compares existing community prevention services to projected need for services is performed periodically and integrated into	X		

## Prevention and Promotion

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program- specific
	Standard and Measure			
	the priority setting process.			
PP 3.3 L	Results of prevention program evaluation and analysis of service gaps are reported to local stakeholders and to peers in other communities.	X		
PP 3.4 L	A quality improvement plan incorporates program evaluation findings, evaluation of community mobilization efforts, use of emerging literature and best practices and delivery of prevention and health promotion services.	X		
PP 4.1 L	Prevention priorities adopted by the BOH are the basis for establishing and delivering prevention, early intervention and outreach services.			X
PP 4.2 L	Early intervention, outreach and health education materials address the diverse local populations and languages of the intended audience. Information about how to select appropriate materials is available and used by staff.			X
PP 4.3 L	Prevention programs collect and use information from outreach, screening, referrals, case management and follow-up for program improvement. Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate assessment information. The type and number of prevention services are included in program performance measures.			X

Prevention and Promotion

		<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program- specific	Prevention and Promotion Program- specific
	Standard and Measure			
PP 4.4 L	Staff providing prevention, early intervention or outreach services have appropriate skills and training as evidenced by job descriptions, resumes or training documentation.			X
PP 5.1 L	Health promotion activities intended to reach the entire population or at-risk populations in the community are provided directly by LHJ's or by contractors.	X		
PP 5.2 L	Procedures describe an overall system to organize, develop, distribute, evaluate and update health promotion materials. Technical assistance is provided to community organizations, including "train the trainer" methods.	X		
PP 5.3 L	Health promotion efforts have goals, objectives and performance measures. The number and type of health promotion activities are tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.			X
PP 5.4 L	Staff members have training in health promotion methods as evidenced by training documentation.			X

## Access

	Standard and Measure	<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program-specific	Prevention and Promotion Program-specific
AC 1.1 L	Up-to-date information for analysis of local critical health services is available for use in building partnerships with community groups and stakeholders.	X		
AC 1.2 L	LHJ staff and contractors have a resource list of local providers of critical health services for use in making client referrals.	X		
AC 1.3 L	The list of critical health services is used along with assessment information to determine where detailed documentation of local capacity is needed.	X		
AC 2.1 L	Data tracking and reporting systems include key measures of access. Periodic surveys are conducted regarding the availability of critical health services and barriers to access.	X		
AC 2.2 L	Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information.	X		
AC 2.3 L	The BOH receives summary information regarding access to critical health services at least annually.	X		
AC 3.1 L	Community groups and stakeholders, including health care providers, are convened to address access to critical health services, set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.	X		
AC 3.2 L	Coordination of critical health service delivery among health providers is reflected in the local planning processes and in the implementation of access initiatives.	X		
AC 3.3 L	Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives and performance measures.	X		

Access

	Standard and Measure	<b>ONCE for AGENCY- Agency-wide / Cross-cutting or evidence from a program</b>	Environmental Health Program-specific	Prevention and Promotion Program-specific
AC 4.1 L	Clinical services provided directly by the LHJ or by contract have a written quality improvement plan including specific quality-based performance or outcome measures. Performance measures are tracked and reported.	X		
AC 4.2 L	Staff members are trained in quality improvement methods as evidenced by training documentation.	X		