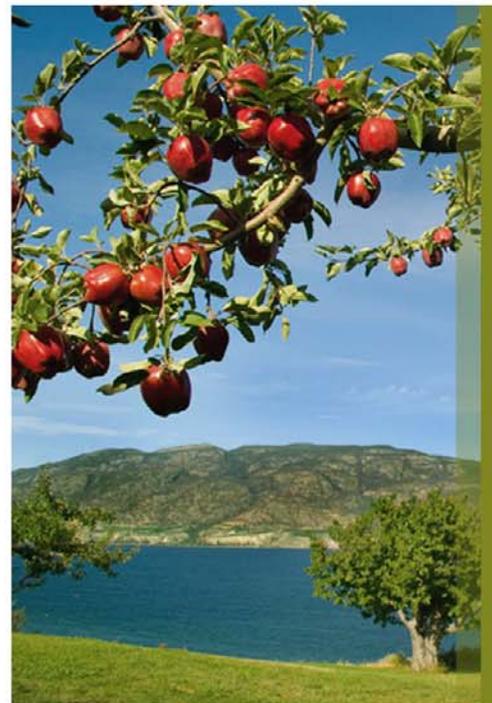


2010-2011

Public Health Standards



Performance Review Summary

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

CONTENTS

2011 Performance Summary	5
The 2010-2011 Washington State Standards for Public Health	13
Standards That Measure and ‘Stretch’ the Statewide Public Health System	15
Standards Participation Tied to Funding.....	15
Performance Review Approach	15
Program Reviews	16
2010-2011 Program Review Menu	16
Site Contacts and Preparation	17
The Review Processes	17
Data Analysis Methodology	18
Comparison to Prior Review Cycles	18
Overall Performance Findings.....	19
Performance Findings by Domain for National/Washington Standards	19
Performance Findings by Standard for LHJs for National/Washington Standards.....	23
Performance Findings by Measure for Basic Set of Standards	26
Recommendations for Public Health System Improvement in Washington State	27
Development and Implementation of Strategic Plans.....	27
Development and Implementation of Community Health Improvement Plans	28
Taking Action on Data Analysis - Closing the Plan-Do-Study-Act Cycle	28
Performance Evaluations with Training Plans	29
Agency Knowledge and Application of Laws	29
Review of Prevention and Health Education Information	30
Conclusion.....	30
Appendix 1	31
National (PHAB Beta Test) and Washington Standards Results By Measure	31
Appendix 2	47
Basic Set of Standards Performance Results	47
Appendix 3: LHJ Program Review Table.....	51

Leadership and Staff Dedication in Challenging Economic Times

Two important themes can be drawn from the 2010-2011 standards review:

- First - even in these challenging economic times, the system works as well as it does because of the skills and commitment of the staff and the scope and depth of work being done to improve the health status of Washington State residents.
- Second - since the 2005 performance review, public health in Washington has made significant investments to address the results of the 2005 and 2008 performance reviews and to improve the public health system.

All local health agencies have experienced significant reductions to their agency funding since 2008. Some are functioning with 30-40% fewer staff. This decrease in public health staffing and capacity is having a negative impact on the performance in some local agencies.

EXECUTIVE SUMMARY

The Standards

This report provides summary results of the 2010-2011 Performance Review of the Standards for Public Health in Washington State. The standards were developed collaboratively by local and state public health staff in 1999, and a comprehensive field test was conducted in 2000. A baseline measurement was conducted in 2002 and re-measurements were conducted in 2005, 2008 and 2010-2011.

With permission from the Public Health Accreditation Board (PHAB), the 2010-2011 Washington Standards for Public Health are based on the PHAB standards (Beta Test version) as well as recommended revisions from the 2008 Washington review cycle. In the fall of 2010 the Public Health Standards Workgroup, with approval from the Public Health Improvement Partnership (PHIP), developed a Basic Set of public health performance standards for the 2010-2011 Standards review cycle. This set of standards contains approximately 40% of the measures found in the Washington (WA) set of standards. The intent was to reduce the burden on smaller local health jurisdictions (LHJs) due to current economic constraints and to encourage statewide participation in the standards review cycle.

Agencies were given a choice about the scope of their 2010-2011 review. Three options were provided:

- The full set of National (PHAB) standards as well as eight Washington only measures
- The Washington set of standards and measures (80% overlap with the National set)
- The Basic set (40% of the Washington set)

Those who wanted to prepare for PHAB accreditation in the future could use this cycle to start their preparation by submitting documentation to address all standards and measures in the National set. The standards reside under the auspices of the Public Health Improvement Partnership's Public Health Standards Workgroup. The workgroup, with the assistance of a consultant team from MarMason Consulting, LLC was responsible for directing and overseeing the standards review process and approving the recommendations put forward in this report.

Review Preparation and Process

The Washington State Department of Health (DOH) was selected as a Beta Test site by PHAB and the PHAB review was conducted by PHAB Beta Test reviewers in June of 2010. A review of a small set of Washington only and program review measures was also conducted for DOH by the external consultants in June 2010. These results are included in the National/Washington summary results throughout this report.

Four performance reviewers from DOH were trained in 2010 to conduct portions of the review for the National and Washington Standards. In the summer and fall of 2010, the consultants provided four training sessions for LHJ staff and managers to help them prepare for the performance review.

The local health jurisdiction performance reviews were conducted from March through May 2011. Each review started with an offsite review of all documentation submitted by the LHJ, included an opportunity for each LHJ to submit additional documentation, and 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. In total, 34 LHJs were reviewed, with one LHJ choosing to not participate in the standards review.

Comparison to Prior Review Cycles

Comparability of the previous results on the Washington Standards to performance in the National/ Washington standards in the 2011 review is not possible¹. This is because the standards were restructured and significantly revised in 2010 to align with the PHAB Beta Standards and recommendations from the 2008 Washington State site reviews. The method of review was also changed for some measures (from program review to agency review, for example) and different numbers of examples and types of documentation were required for some measures.

Standards Participation Tied to Funding

For the first time in Washington's PHIP effort, Local Capacity Development Funds (LCDF) were tied to participation in the standards review process. This new funding aspect of the standards review effort did encourage some LHJs to participate that had indicated they would not participate in this cycle. The connection to the LCDF funding was also perceived as a negative factor by some LHJs, expressing that they did not see the value for their LHJ in participating in the standards review.

Overall Performance Findings

In this report there is a focus on the 50th percentile, in which the midpoint is envisioned as a fulcrum. Where the weight falls toward demonstrated performance (above 50% demonstrated), improvement may still be needed, but the system is heading in the right direction. Conversely, where the weight falls towards no or partially demonstrated performance (below 50% demonstrated), these areas will require significant planning and assistance to fully demonstrate performance.

¹ A limited comparison between the reviews from 2008 and 2011 was done only of the 14 local health agencies which chose the Washington or National review option in 2011. It can be viewed at www.doh.wa.gov/hip/doc/catalog/phs/2010-2011/report/comparison.pdf. A similar comparison for the 20 LHJs which chose the Basic review option in 2011 cannot be made because there is too much variation between the 2008 set of standards and the 2011 Basic set.

DOH Performance Results (National Standards)

The DOH and its programs were able to demonstrate 93% of the measures in the National standards, with 7% partially demonstrated and 0% not demonstrated. This is an outstanding achievement, especially compared to an average of 71% demonstrated in the 2008 review cycle. Only a handful of measures were partially demonstrated: **1.1.5** - provide contact information to LHJs regarding newly licensed/moved healthcare providers and facilities that are required to report notifiable conditions; **2.2.2** - demonstrate that protocols include decision criteria for determining when an event triggers the ERP; **3.2.3** - maintain a written risk communication plan; **6.3.4** - conduct analysis of complaints, violations and enforcement activities; **8.1.2** and **8.1.3** -make job descriptions available to staff and confirm that staff meet qualifications, respectively; **9.1.5** - identify the effectiveness of programs and needs for improvement; and **9.2.4** - review and revise the quality improvement plan annually. See **Appendix 1** for DOH performance in each measure.

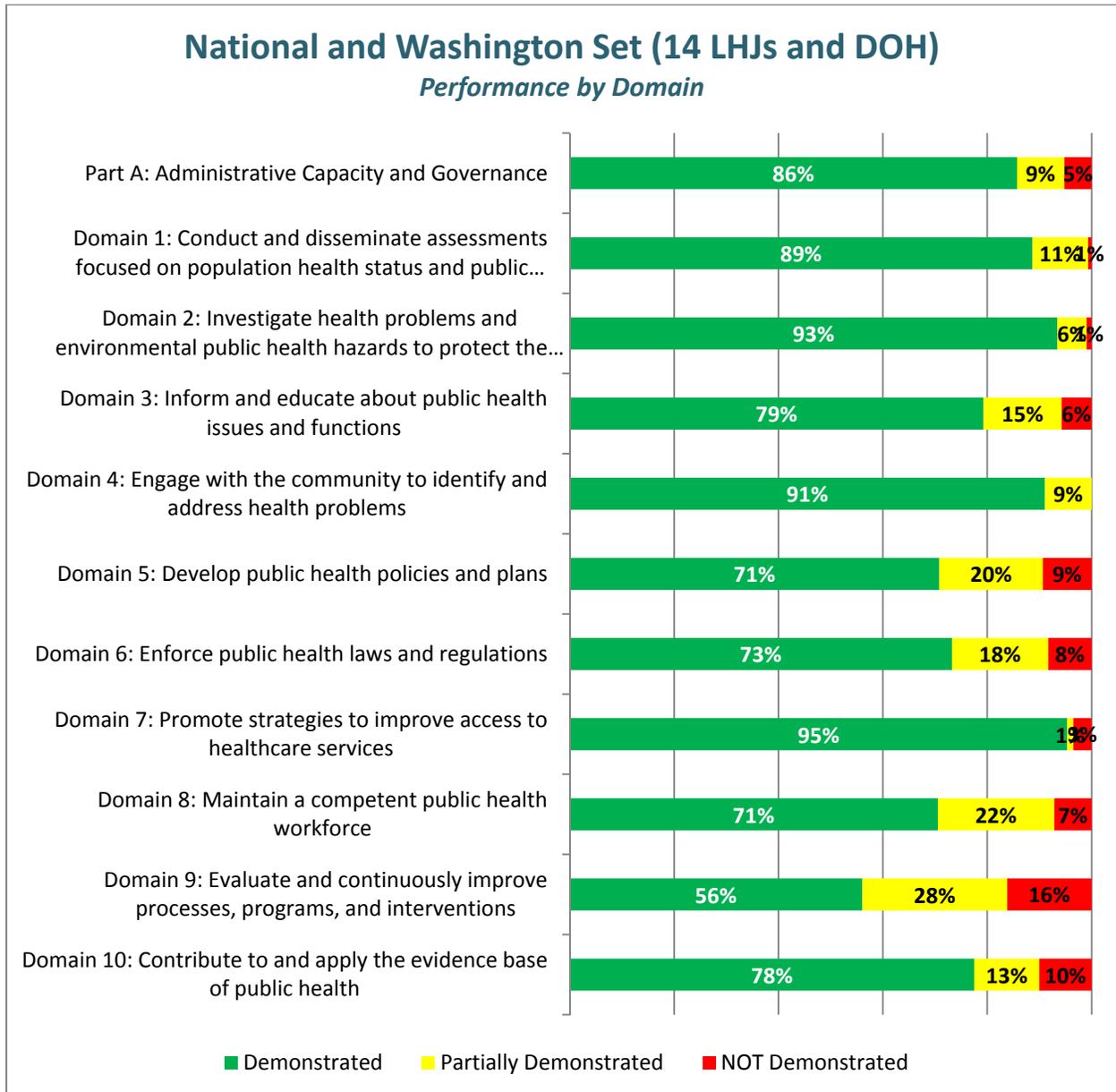
LHJ Performance Results (National and Washington Standards)

Fourteen LHJs submitted either the National or the Washington set of standards, 10 submitting the National set and four submitting for the Washington set. The size of these LHJs ranged from the largest in the state (Seattle-King County) with 1,931,249 residents to one of the smallest LHJs in the state (Garfield County) with approximately 2,500 residents. LHJ results showed an overall percent scored as demonstrated ranging from 49% to 94%. This shows the improvement over the 2008 results where the percent demonstrated for these 14 LHJs ranged from 41% to 83% of the total number of measures. Average demonstrated performance in 2011 was 80% for the 14 LHJs, compared to 60% for these LHJs in 2008.

Five of the 11 Domains had more than 85% percent of the measures demonstrated including **Part A** - Administrative Capacity and Governance (86%), **Domain 1** - Monitor Health Status (89%), **Domain 2** - Investigate Health Problems (93%), **Domain 4** - Community Engagement (91%) and **Domain 7** - Access to Healthcare Services (95%). The high level of performance in these five domains is commendable and efforts should be made to maintain this level of demonstrated performance.

The remaining domains had between 56% and 79% of the measures scored as demonstrated, including **Domain 3** - inform and educate about public health issues (79%), **Domain 5** - develop public health policies and plans (71%), **Domain 6** - enforce public health laws and regulations (73%), **Domain 8** - maintain a competent public health workforce (71%), **Domain 9** - evaluate and continuously improve programs (56%) and **Domain 10** - contribute to and apply the evidence base of public health (78%). The lowest scoring domain was **Domain 9** - evaluation of programs effectiveness and quality improvement with only 56% demonstrated, 15 % lower than any other domain. This area of public health activities should be identified for improvement action. The five domains with between 70% and 80% demonstrated performance also need to be addressed, but focused efforts should be made based on performance in specific standards, such as Standard **5.3** - health Improvement plans (58% demonstrated) and on the eight specific measures with less than 50% demonstrated performance. See the chart on the next page for the details of aggregate performance by domain for the National/Washington sets of standards.

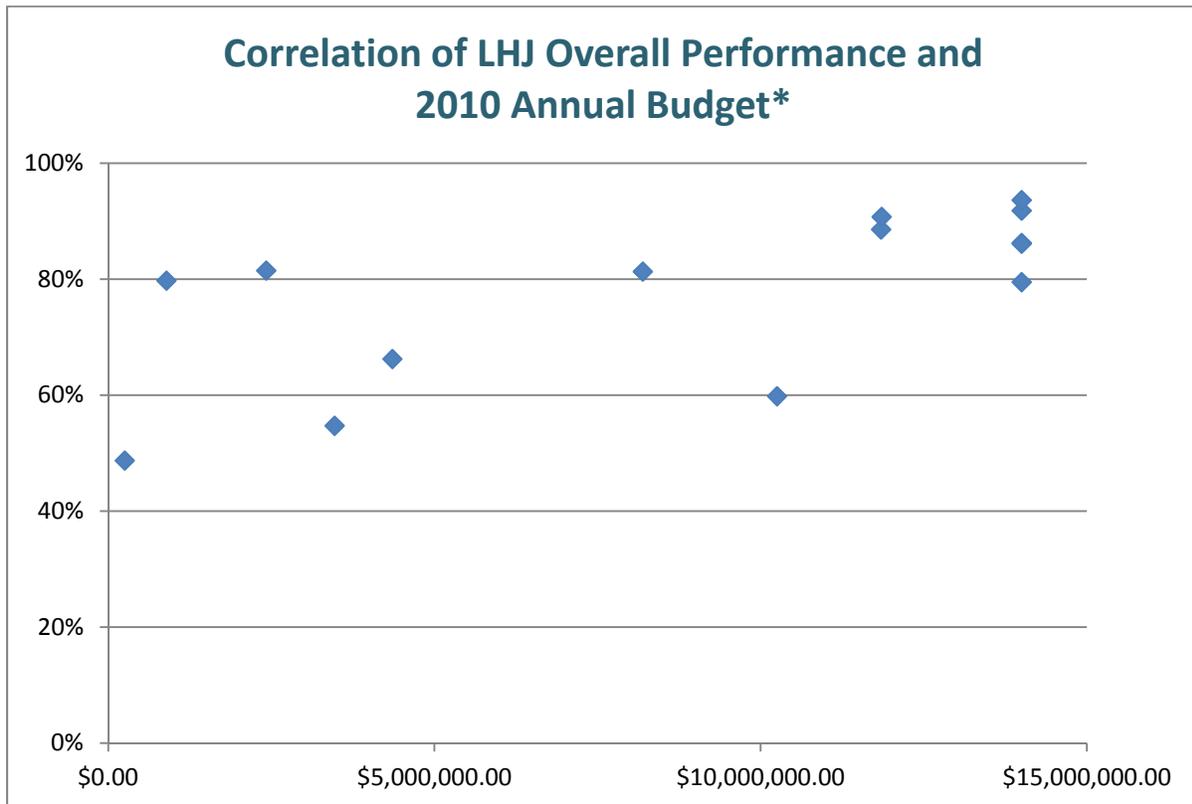
Chart 1



LHJ Performance Compared to Relative Size of Annual Budget (National and Washington Standards)

The chart below shows the 14 LHJs performance distributed by size of the LHJ’s annual budget for 2010. While there is a definite correlation between size and performance in these 14 LHJs, there were smaller health departments that demonstrated significantly more measures than some larger health departments. This finding supports the findings from the last three review cycles that showed percent of demonstrated performance was only slightly correlated to the health department size.

Chart 2: * All budgets over \$14,000,000 are displayed as \$14,000,000



LHJ Performance Results (Basic Set of Standards)

Twenty LHJs submitted the Basic set of Standards. Overall, the average percent demonstrated score was 73% of the 35 measures. This finding reflects the significant cuts in the LHJ budgets since the last review cycle, and is lower for the smaller number of measures than the 80% demonstrated by the National/Washington group of LHJs. The percent of measures demonstrated ranged from 38% to 97% across the 20 LHJs. Please see **Chart 7** in the body of the report for the results by measure for the Basic Standards.

Recommendations for Public Health System Improvement

Recommendations are made to assist local and state agencies in developing meaningful approaches to address deficiencies and to capitalize on opportunities. Please refer to page 23 in the body of the report for the full recommendations highlighted below.

Development and Implementation of Strategic Plans

Recommendation: Ensure that all state and local Strategic Plans include objectives that have measurable and time-framed targets. This improvement will provide the capacity to effectively monitor progress on the implementation of the Strategic Plans.

Development and Implementation of Community Health Improvement Plans

Recommendation: Establish methods and templates for all health departments to develop and implement a State/Community Health Improvement Plan (SHIP/CHIP) and support health departments' SHIP/CHIP planning and development activities in a systematic way.

Taking Action on Data Analysis-Closing the Plan-Do-Study-Act Cycle

Recommendation: All state and local management and evaluation processes should emphasize taking action in leadership and governance minutes and reports.

Continued Emphasis on Monitoring Performance Measures and Using the Results

Recommendation: All programs in LHJs and DOH should continue their focus and initiatives to establish and monitor performance measures and use the results to improve programs and services.

Implementation of Quality Improvement

Recommendation: Ensure that health departments establish plans for conducting quality improvement efforts and for training their staff in quality improvement methods and tools.

Customer Satisfaction

Recommendation: Establish systematic customer satisfaction processes in all health departments and monitor satisfaction results to identify areas for improvement.

Performance Evaluations with Training Plans

Recommendation: Ensure that performance evaluations, including plans for training and development, are conducted annually for all staff.

Agency Knowledge and Application of Laws

Recommendation: All LHJs should develop a list of the positions with regulatory and enforcement responsibility and ensure that training for consistency in the application of public health laws is documented. In addition, LHJs need to establish processes to ensure the consistency of the application of laws, such as audits or case review.

Review of Prevention and Health Education Information

Recommendation: Implement systematic processes for the regular review of materials to revise or improve them, as needed.

Recommendations for the Next Performance Review Cycle

The cycle of performance improvement that begins with the release of this 2011 Summary Performance Report must take into consideration the standards and processes established by the Public Health Accreditation Board for national accreditation. The Washington Standards for Public Health should align, to the extent possible, with the PHAB Version 1 standards to support state and local agencies in pursuing national accreditation in the future.

Recommendations:

- The Public Health Standards Workgroup should make a recommendation to the Secretary of Health in the fall of 2011 regarding the set of standards for Washington in the next cycle, whether they are the National, Washington, or Basic set.
- Plan to conduct the next performance review cycle in 2014 using the revised Washington standards to continue the cycle of every three year evaluation of statewide public health performance.
- Plan to accept PHAB accreditation as fulfilling the requirements of the Washington State Standards Review and accept the PHAB scores as the scores for the Washington review results.
- Involve and engage Boards of Health in increasing their knowledge of their role in demonstrating performance against the standards and in relationship to future PHAB accreditation, to demonstrate the value of LHJs participating in accreditation to local Boards of Health.

Conclusion

The incredible effort made by DOH and local health agencies in Washington State over the last decade to measure and improve public health practice is unique in the nation and provides an outstanding example of these efforts throughout the United States. Everyone involved should be commended and celebrated for the achievements in performance these efforts have accomplished. However, these are challenging times for public health, especially in Washington State, and the need for the smaller Basic set of measures is an example of the extent of the impact on the capacity of public health. The future of these performance measurement and improvement efforts must be balanced with acknowledgement of these difficult times and of the value and contribution that Washington makes to the health and well-being of its citizens and to public health throughout the nation.

PHAB National Standards (Beta)

Part A

Administrative Capacity and Governance

Domain 1

Conduct and disseminate assessment focused on population health status and public health issues facing the community

Domain 2

Investigate health problems and environmental public health hazards to protect the community

Domain 3

Inform and educate about public health issues and functions

Domain 4

Engage with the community to identify and address health problems

Domain 5

Develop public health policies and plans

Domain 6

Enforce public health laws and regulations

Domain 7

Promote strategies to improve access to healthcare services

Domain 8

Maintain a competent public health workforce

Domain 9

Evaluate and continuously improve processes, programs, and interventions

Domain 10

Contribute to and apply the evidence base of public health

2011 PERFORMANCE SUMMARY

The 2010-2011 Washington State Standards for Public Health

The Standards for Public Health in Washington State were developed collaboratively by local and state public health leaders in 1999 and field tested in 2000. A baseline measurement was conducted in 2002 and re-measurement was conducted in 2005, 2008 and 2010-2011. These standards are part of a comprehensive performance management system, illustrated in **Figure 1** from Turning Point Performance Management System.

An important part of the Standards for Public Health in Washington State is the three-year performance review cycle and the results from the review which inform our work. Also critical to the process is the implementation of continuous quality improvement efforts into the review process. The three years between each review cycle (the time since the previous cycle) includes many improvement activities, which follow the **Plan-Do-Study-Act** improvement cycle.

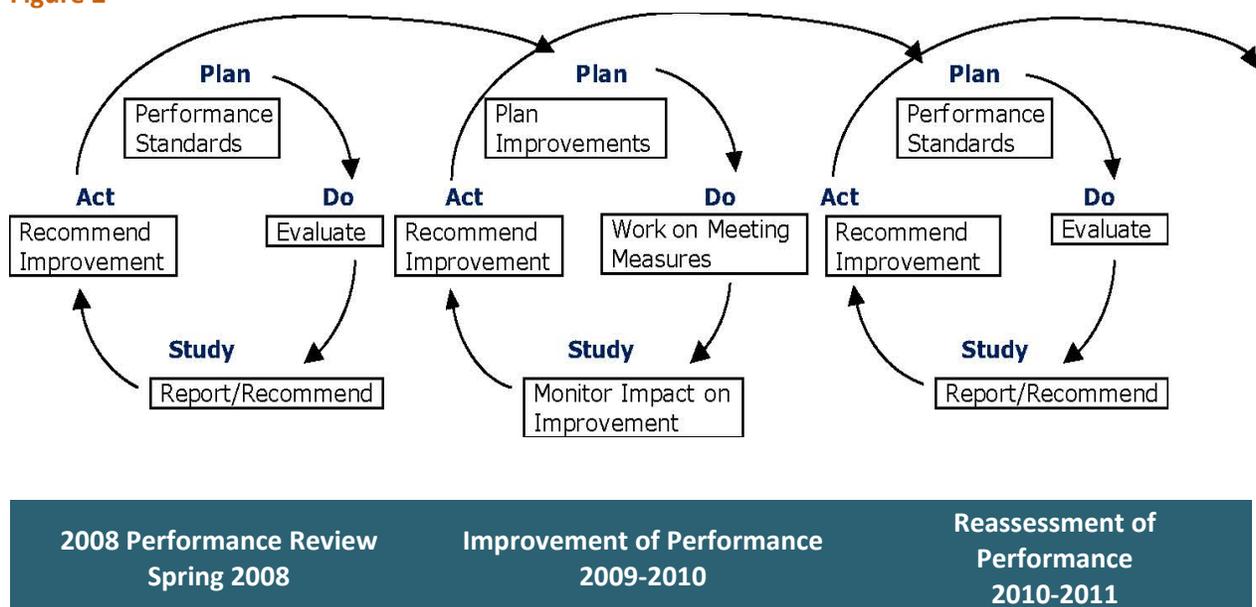
The standards development and measurement process uses the Deming quality improvement cycle. The performance standards, trainings, and preparation documents are included in the **Plan** step; the improvement activities are the **Do** step; site visits, data analysis, and this report are the **Study** step; and the future work on system improvement and revision of the standards represents the **Act** step.

The following figure describes the most recent performance review cycles: the 2008 re-measurement, the interim two-year improvement work and the current 2011 performance re-measurement review.

Figure 1



Figure 2



The standards reside under the auspices of the Public Health Improvement Partnership’s Public Health Standards Workgroup. This report summarizes the 2011 performance review process, findings, and recommendations. For more information about the development of the standards and the context of the national activities for measuring and improving the public health system, go online for the history which is available at www.doh.wa.gov/hip/catalog/topic/stdsPR/2008.htm

With permission from the Public Health Accreditation Board, the 2010-2011 Standards for Public Health in Washington are based on the PHAB Standards (Beta) as well as recommended revisions from the 2008 Washington State review cycle. In the fall of 2010 the Public Health Standards Workgroup, with approval from the PHIP, developed a Basic Set of public health performance standards for the 2010-2011 Standards Review cycle. This set of standards contains approximately 40% of the measures found in the Washington set of standards. The intent was to reduce the burden on smaller local health agencies due to current economic constraints and to encourage statewide participation in the standards review cycle.

Agencies were given a choice about the scope of their 2010-2011 review. Three options were provided:

1. The full set of National (PHAB) Standards as well as eight Washington only measures
2. The Washington set of standards and measures (80% overlap with the PHAB Beta set)
3. The Basic set (40% of the Washington set)

Those who wanted to prepare for PHAB accreditation in the future could use this cycle to start their preparation by submitting documentation to address all standards and measures in the National set.

A summary of the National and Washington Standards is available at www.doh.wa.gov/hip/doc/phs/2011/summary.pdf, and the Basic Set is available at www.doh.wa.gov/hip/doc/catalog/phs/2010-2011/basic.pdf. The full state and local versions of the National and Washington Standards are available at www.doh.wa.gov/hip/doc/phs/2011/standards.pdf.

The 2010-2011 Standards for Public Health in Washington State describe expected performance for public health work and reflect the core public health functions and the 10 Essential Services. Because of differing roles, there is a set of measures for local health jurisdictions and a similar, but separate set for state agencies and programs.

The standards are organized into **Part A** and **Part B**. **Part A** includes standards for administrative capacity and governance. **Part A** uses the following taxonomy:

- Standard **A1**
 - Measure **A1.1**
 - State, Local or both **A1.1 S** (state) or **L** (local) or **B** (both)

Part B uses the structure of the 10 Essential Services. **Part B** uses the following taxonomy:

- ➔ Domain **1**
- Standard **1.1**
(Note that each standard has a short form ‘title’ followed by a full standard statement)
- Measure **1.1.1**
 - State, Local or Both **1.1.1 S** (state) or **L** (local) or **B** (both)

The National and Washington standards are organized into 11 Domains (including **Part A**), 30 standards, and 110 measures. For each standard, specific measures tell how the performance will be measured.

Standards That Measure and ‘Stretch’ the Statewide Public Health System

Because the results of system performance review are used primarily for improving overall performance, the standards themselves are not intended to describe the system as it currently operates. The standards articulate a higher level of performance, often described as ‘stretch standards’ or what should be in place. It is important to understand that the standards and measures are not all currently attainable by all parts of the system. Stretch standards provide a higher bar for performance that remains stable over the course of several review cycles and provide for comparison of results.

Standards Participation Tied to Funding

For the first time in Washington’s PHIP effort, Local Capacity Development Funds (LCDF) were tied to participation in the standards review process. This new funding aspect of the standards review encouraged some LHJs to participate that had initially indicated they would not participate in this cycle. The connection to the LCDF funding was also perceived as a negative factor by some LHJs who expressed that they did not see the value for their LHJ in participating in the standards review.

Performance Review Approach

The Washington standards reside under the auspices of the PHIP’s Public Health Standards Workgroup. The committee, with assistance of a consultant team from MarMason Consulting LLC, was responsible for directing and overseeing the standards review process and approving the recommendations put forward in this report.

The Washington State Department of Health was selected as a Beta Test site by PHAB and the PHAB review was conducted by PHAB Beta Test reviewers in June 2010. A review of a small set of Washington only and program review measures was also conducted for DOH by the external consultants in June 2010. These results are included in the National/Washington summary results throughout this report.

Four performance reviewers from DOH were trained in 2010 to conduct portions of the site review for the National and Washington Standards. The use of additional reviewers builds internal expertise in the interpretation of the performance measures, in methods for conducting the review, and experience in other parts of the public health system. All reviewers participated in inter-rater reliability sessions to increase the consistency of the performance reviews.

The local health jurisdiction performance reviews were conducted between March and May 2011. Each review started with an offsite review of all the documentation submitted by the LHJ, included an opportunity for each LHJ to submit additional documentation and 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. In total, 34 LHJs were reviewed, with one LHJ choosing to not participate.

Program Reviews

While the standards apply to all public health programs/activities conducted at the state or local level, not all measures under a standard apply to all programs/activities. Consequently, there are three ways a measure could apply—first, to the agency at the local or state level (rather than individual programs), second, to every program/ activity (individual demonstration), or third, to specific programs/activities. There are three ways a measure could apply:

- **Agency** - The measure applies to the agency level. However, meeting the measure may require the participation of many or all programs/activities within the organization. The measure is demonstrated only once at a central point in the agency (an example is human resources).
- **All Programs** - These measures apply to every program/activity, whether or not the program documentation is scored as part of the review process. Each program/activity should be able to show individual demonstration of the measure.
- **Specific Programs** - These measures apply to specific programs/activities.

The program review aspect of this cycle was more limited than earlier review cycles. A total of 14 measures were evaluated through program review for the National and Washington sets of standards only. For the Basic set only two measures were program review and only for two programs. Due to this limited program review, there are no findings or recommendations related to individual program performance. The LHJ Program Review Table in **Appendix 3** indicates which measures were evaluated by program review in the National/Washington set of standards.

2010-2011 Program Review Menu

In this cycle, LHJs selected three programs for review and DOH was reviewed for all six programs. Local and state leadership and the Public Health Standards Workgroup made the final selection of the programs for review. Programs were selected because of heightened activity or interest in these programs: communicable disease, immunization, and nutrition and physical activity were a focus for the 5930 work; tobacco had funding challenges and both food safety and wastewater management programs were of interest because of the public health indicators work.

For the 14 LHJs that submitted the National or Washington set, every LHJ's communicable disease program was reviewed. Each LHJ also selected one environmental health program and one prevention/promotion program to be reviewed from the following list:

Table 1

Communicable Disease	Environmental Health Programs	Prevention/Promotion Programs
(Notifiable conditions activities only)	<ul style="list-style-type: none">• Food safety• Wastewater Management (OSS)	<ul style="list-style-type: none">• Immunizations• Tobacco• Physical Activity and Nutrition

Site Contacts and Preparation

Each LHJ identified a contact for their site for the standards review process. This person served as a point for communication and also, in some cases, assumed responsibility for coordinating the preparation for the site review.

Each LHJ was provided with the **Guidance** for 2010-2011 Standards for Public Health in Washington State one year prior to the targeted submission date of February 15, 2011, and the guidance document was used as part of the mock review during the review preparation training sessions. This document is available at www.doh.wa.gov/hip/catalog/topic/phs.htm. The guidance document states the specific requirements and provides some examples of documentation for each measure. LHJs were requested to submit their documents electronically to the review team on February 15, 2011 for reviews conducted during March, April and May.

The Review Processes

The review process included 34 LHJs. For the first time in Washington State, participation in the standards review process was a requirement for receiving local capacity development funding from the State of Washington. The initial review of documentation from each LHJ was completed offsite. The performance reviewers evaluated the documents submitted from that site, and noted any measures that only partially demonstrated or did not demonstrate the requirements, as well as any questions or concerns for follow-up. Each site was then sent a report of the measures that did not fully meet the requirements and was allowed one week to provide additional documentation for the reviewers to evaluate. The reviewers then reviewed any additional documents and rescored the appropriate measures.

All sites that submitted documentation for the National and Washington sets of standards received an in-person closing conference with the reviewers. Sites submitting the Basic set were given the option of an in-person Closing conference or a phone or web conference.

For each site's closing conference, the performance reviewers met with appropriate staff to provide an overview of the process. They then reviewed any additional documents selected by the site to demonstrate performance of not-yet-demonstrated measures. If the reviewer had questions or needed more documentation, an informal interview was conducted with the appropriate staff. Finally, general areas of strengths and opportunities for improvement were discussed with the LHJ leadership and staff

and they were provided an opportunity to discuss any ideas or concerns about the standards and the performance review process.

Data Analysis Methodology

Data collection was accomplished using a database created in Microsoft Access to allow the performance reviewers to record scores and enter information for each measure. The database recorded the following:

- The degree to which the site demonstrated performance regarding the measure (see scoring)
- Any comments from the performance reviewers that would help sites to understand the scoring or what might be needed to improve performance of the measure
- The documentation that was reviewed to score the measure
- The documentation that was identified as a potential exemplary practice

The following guidelines were used for scoring:

- **Demonstrates (2)** — If the documentation addressed all the requirements of the measure, then the measure was scored as **Demonstrates**.
- **Partially Demonstrates (1)** — If some of the requirements were met, but not all, then the measure was scored as **Partially Demonstrates**.
- **Does Not Demonstrate (0)** — If the site provided no documentation to meet the measure, or if the documentation did not meet any of the requirements of the measure, then the measure was scored as **Does Not Demonstrate**.
- **Not Applicable** — Some measures were determined to be Not Applicable, if an event had not occurred (for example, those that required certain actions related to an outbreak). These measures were scored **Not Applicable** and are not included in these analyses.

The data was analyzed and overall scores were calculated based upon the percent of **Demonstrates**, **Partially Demonstrates**, and **Does Not Demonstrate** scores for each agency for each measure. All measures assessed as **Not Applicable** were excluded from the calculation. The primary calculations used in analysis were the percent demonstrates for each agency overall and for each standard.

Comparison to Prior Review Cycles

Comparability of the previous results on the Washington standards to performance in the National/Washington standards in the 2011 review is not possible². This is because the standards were restructured and significantly revised in 2010 to align with the PHAB standards (Beta) and recommended revisions from the 2008 Washington State site reviews. The method of review also changed for some measures (from program review to agency review, for example) with varying numbers of examples and types of documentation required for some measures.

² A limited comparison between the reviews from 2008 and 2011 was done only of the 14 local health agencies which chose the Washington or National review option in 2011. It can be viewed at www.doh.wa.gov/phip/doc/catalog/phs/2010-2011/report/comparison.pdf. A similar comparison for the 20 LHJs which chose the Basic review option in 2011 cannot be made because there is too much variation between the 2008 set of standards and the 2011 Basic set.

Overall Performance Findings

In this summary report there is a focus on the 50th percentile, in which the midpoint is envisioned as a fulcrum. Where the weight falls toward demonstrated performance (above 50% demonstrated), improvement may still be needed, but the system is heading in the right direction. Conversely, where the weight falls towards no or partially demonstrated performance (below 50% demonstrated), these areas will require significant planning and assistance to fully demonstrate performance.

Performance Findings by Domain for National/Washington Standards

DOH Performance Results

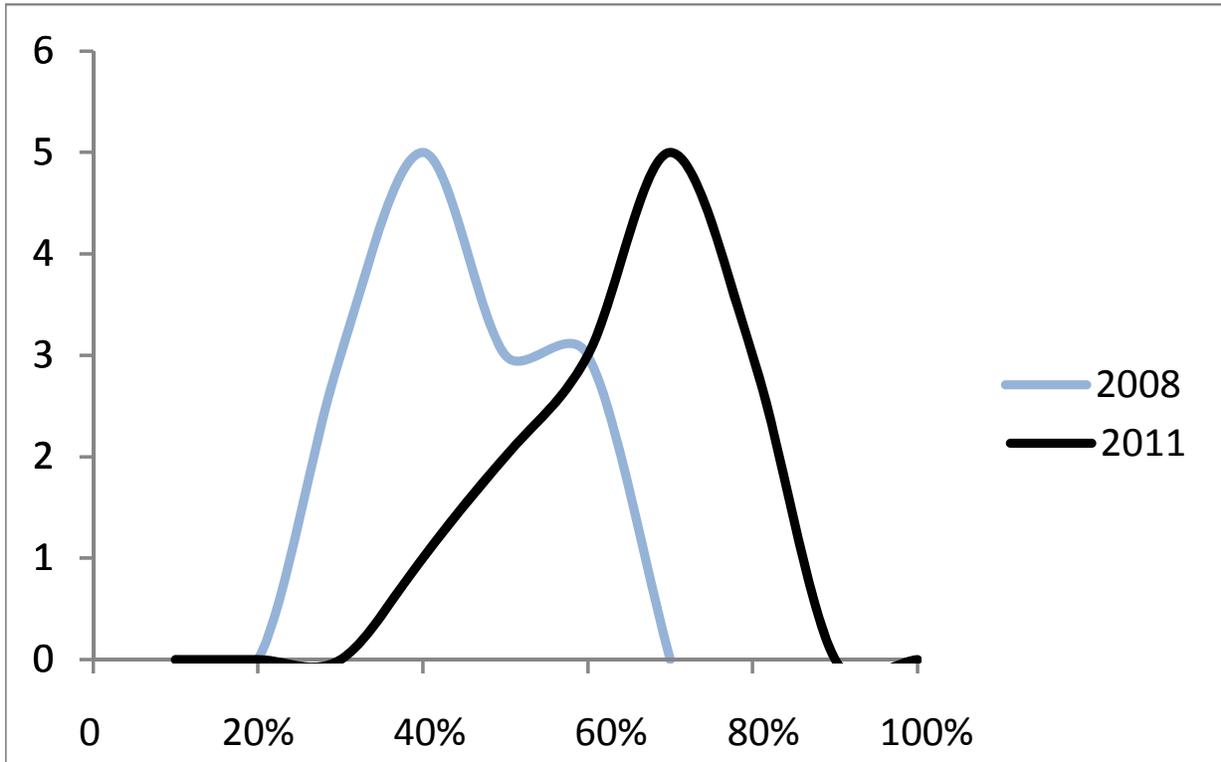
The DOH and its programs were able to demonstrate 93% of the measures in the National standards, with 7% partially demonstrated and 0% not demonstrated. This is an outstanding achievement, especially compared to an average of 71% demonstrated in the 2008 review cycle. Only a handful of measures were partially demonstrated: **1.1.5** - provide contact information to LHJs regarding newly licensed/moved healthcare providers and facilities that are required to report notifiable conditions; **2.2.2** - demonstrate that protocols include decision criteria for determining when an event triggers the ERP; **3.2.3** - maintain a written risk communication plan; **6.3.4** - conduct analysis of complaints, violations and enforcement activities; **8.1.2** and **8.1.3** - make job descriptions available to staff and confirm that staff meet qualifications, respectively; **9.1.5** - identify the effectiveness of programs and needs for improvement; and **9.2.4** - review and revise the quality improvement plan annually. See **Appendix 1** for DOH performance in each measure.

LHJ Performance Results

Fourteen LHJs submitted either the National or the Washington set of standards. The size of these LHJs ranged from the largest in the state (Seattle-King County) with 1,931,249 residents to one of the smallest LHJs in the state (Garfield County) with approximately 2,500 residents. LHJ results showed an overall percent demonstrated ranging from 49% to 94%. This shows the improvement over the 2008 results where the percent demonstrated for these 14 LHJs ranged from 41% to 83% of the total number of measures. Average demonstrated performance in 2011 was 80% for the 14 LHJs, compared to 60% for these LHJs in 2008.

Chart 3 on the next page shows the improved levels of percent demonstrated in the 14 LHJs that submitted National/Washington standards in 2011 compared to the levels of percent demonstrated by the same 14 LHJs submitting the Washington standards in 2008. The apex of the 2011 has clearly shifted to the right, showing the improved performance.

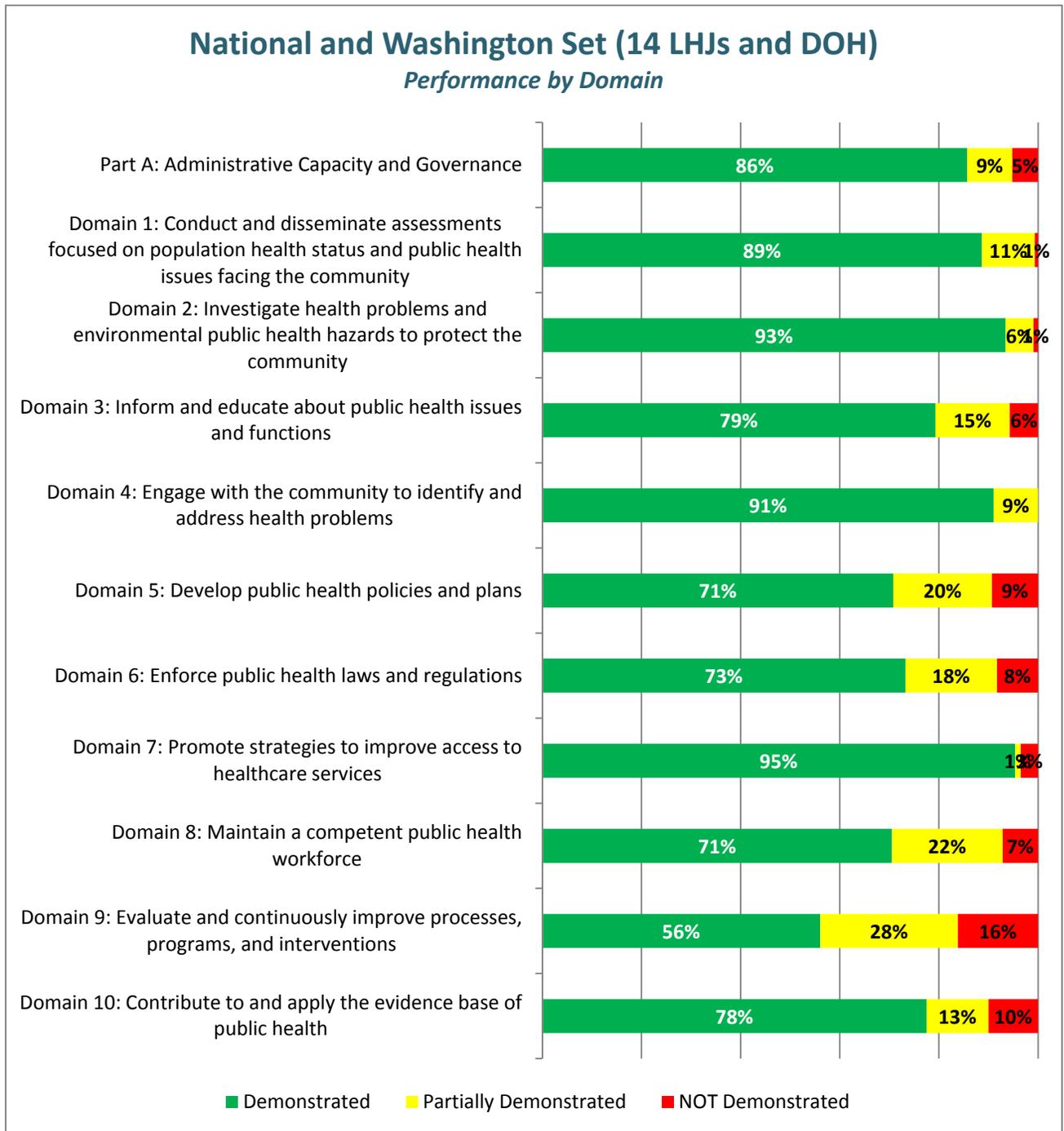
Chart 3. Comparison of percent demonstrated in the 14 LHJs that submitted National/Washington standards in 2011 to the percent demonstrated by the same 14 LHJs submitting the Washington standards in 2008.



LHJ Performance Results (Domains)

Five of the 11 Domains had more than 85% percent of the measures demonstrated including **Part A** - Administrative Capacity and Governance (86%), **Domain 1** - Monitor Health Status (89%), **Domain 2** - Investigate Health Problems (93%), **Domain 4** - Community Engagement (91%) and **Domain 7** - Access to Healthcare Services (95%). The high level of performance in these five domains is commendable and efforts should be made to maintain this level of demonstrated performance.

Chart 4



The remaining domains had between 56% and 79% of the measures demonstrated, including **Domain 3** - inform and educate about public health issues (79%), **Domain 5** - develop public health policies and plans (71%), **Domain 6** - enforce public health laws and regulations (73%), **Domain 8** - maintain an competent public health workforce (71%), **Domain 9** - evaluate and continuously improve programs (56%) and **Domain 10** - contribute to and apply the evidence base of public health (78%). The lowest

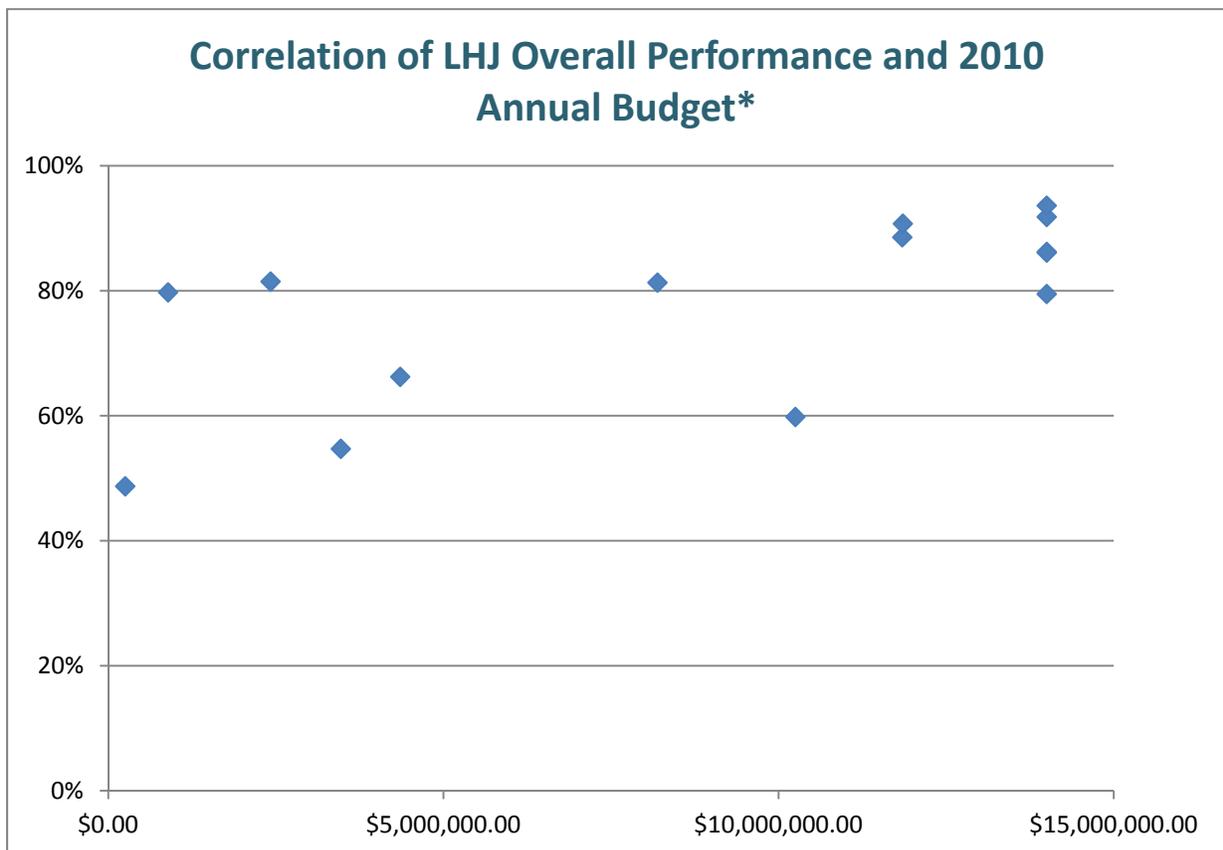
scoring domain was **Domain 9** - evaluation of programs effectiveness and quality improvement with only 56% demonstrated, 15 percentage points lower than any other domain.

This area of public health activities should be identified for improvement action. The five domains with between 70% and 80% demonstrated performance also need to be addressed, but improvement efforts should be focused on performance in specific standards, such as Standard **5.3** - Health Improvement Plans (58% demonstrated) and on the eight specific measures with less than 50% demonstrated performance. See the chart 4 for the details of aggregate performance by domain for the 14 LHJs that submitted the National/Washington sets of standards.

LHJ Performance Compared to Relative size of Annual Budget (National and Washington Standards)

The chart below shows the 14 LHJs performance distributed by size of the LHJ's annual budget for 2010. While there is a definite correlation between size and performance in these 14 LHJs, there were smaller health departments that demonstrated more measures than some larger health departments. This finding supports the findings from the last three review cycles that showed percent of demonstrated performance was only slightly correlated to health department size.

Chart 5



Performance Findings by Standard for LHJs for National/Washington Standards

Overall performance for the 14 LHJs that submitted the National/Washington standards was higher in general than in past review cycles. Many accreditation organizations use a threshold of 80% to confer accreditation. If we use a threshold of 80% demonstrated compliance, then 9 of the 14 LHJs were able to demonstrate 80% or higher performance in the National or Washington standards. The average percent demonstrated was 80%, significantly higher than the 60% average these 14LHJs achieved in 2008.

All 30 standards in the National set achieved 50% or higher percent demonstrated. More than half of the standards (17 of 30) scored 80% demonstrated or more.

Only three standards scored below 60% demonstrated:

- Standard **5.3** - Conduct a Health Improvement Planning Process with 58% demonstrated
- Standard **9.1** - Evaluate the Effectiveness of Programs with 59% demonstrated
- Standard **9.2** - Implement Quality Improvement, with exactly 50% demonstrated

These three areas of public health practice should be the primary topics for system-wide improvement efforts. Please see the charts on the following pages for the details of performance by individual standard and the related recommendations at the end of this report.

Chart 6

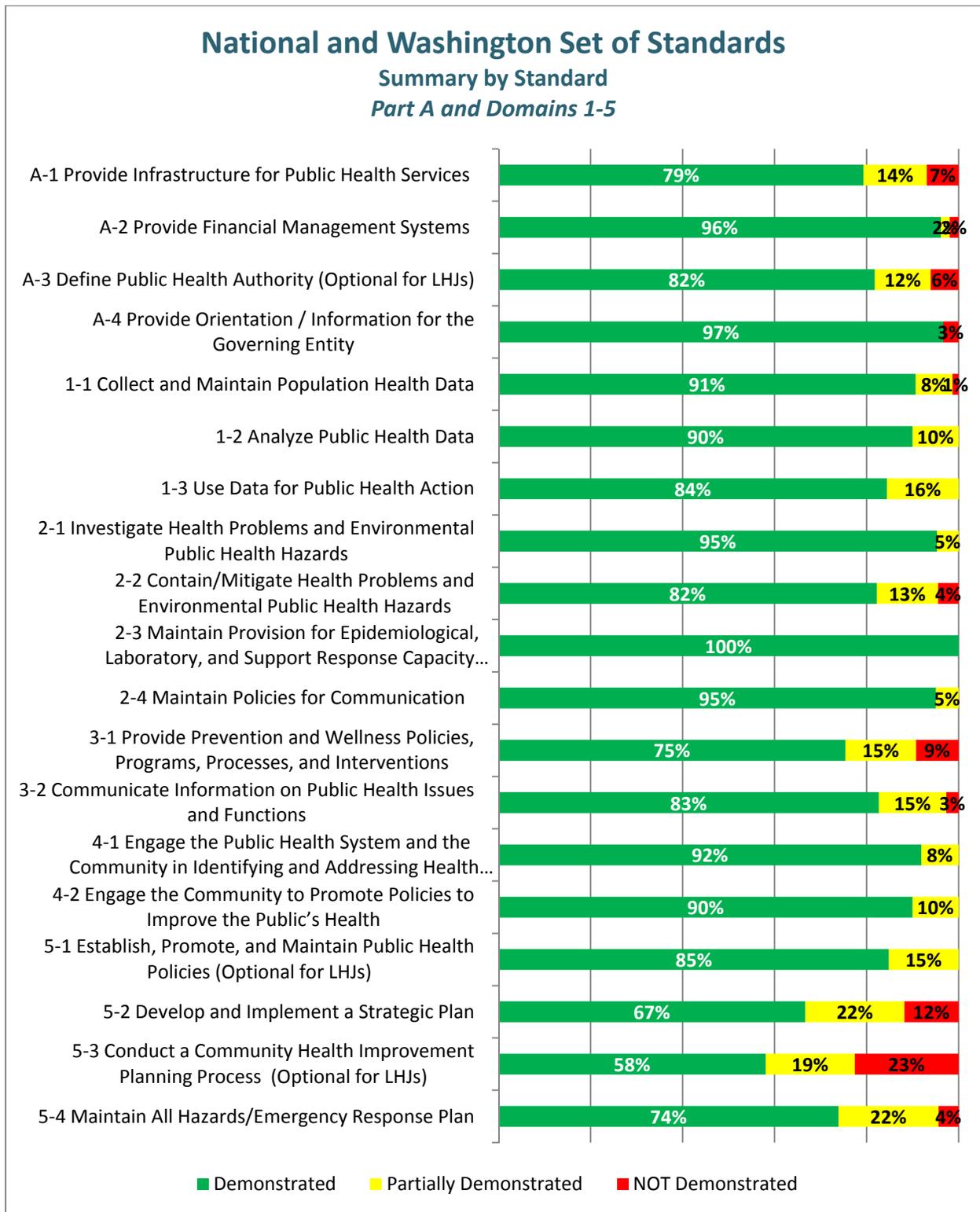
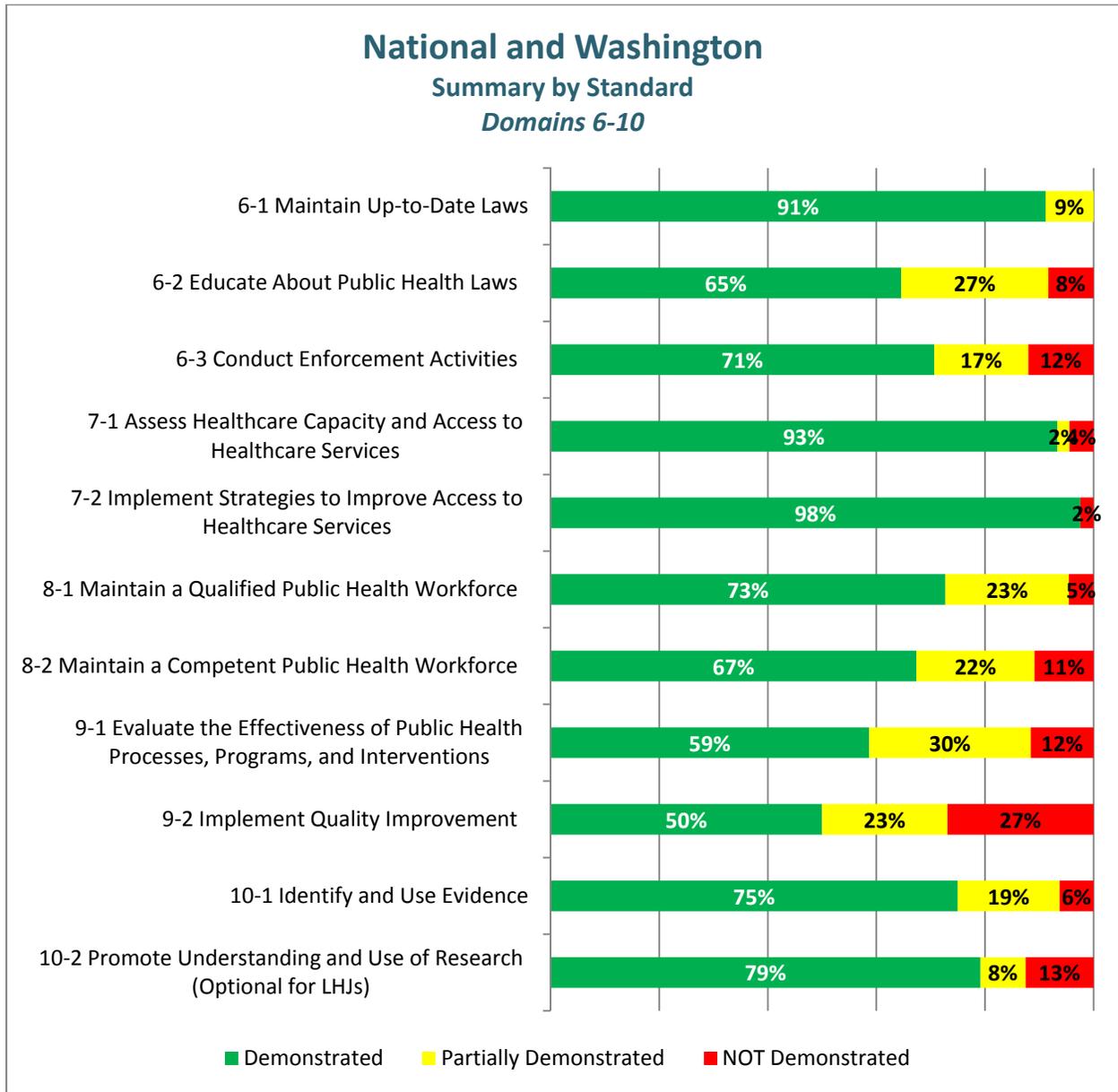


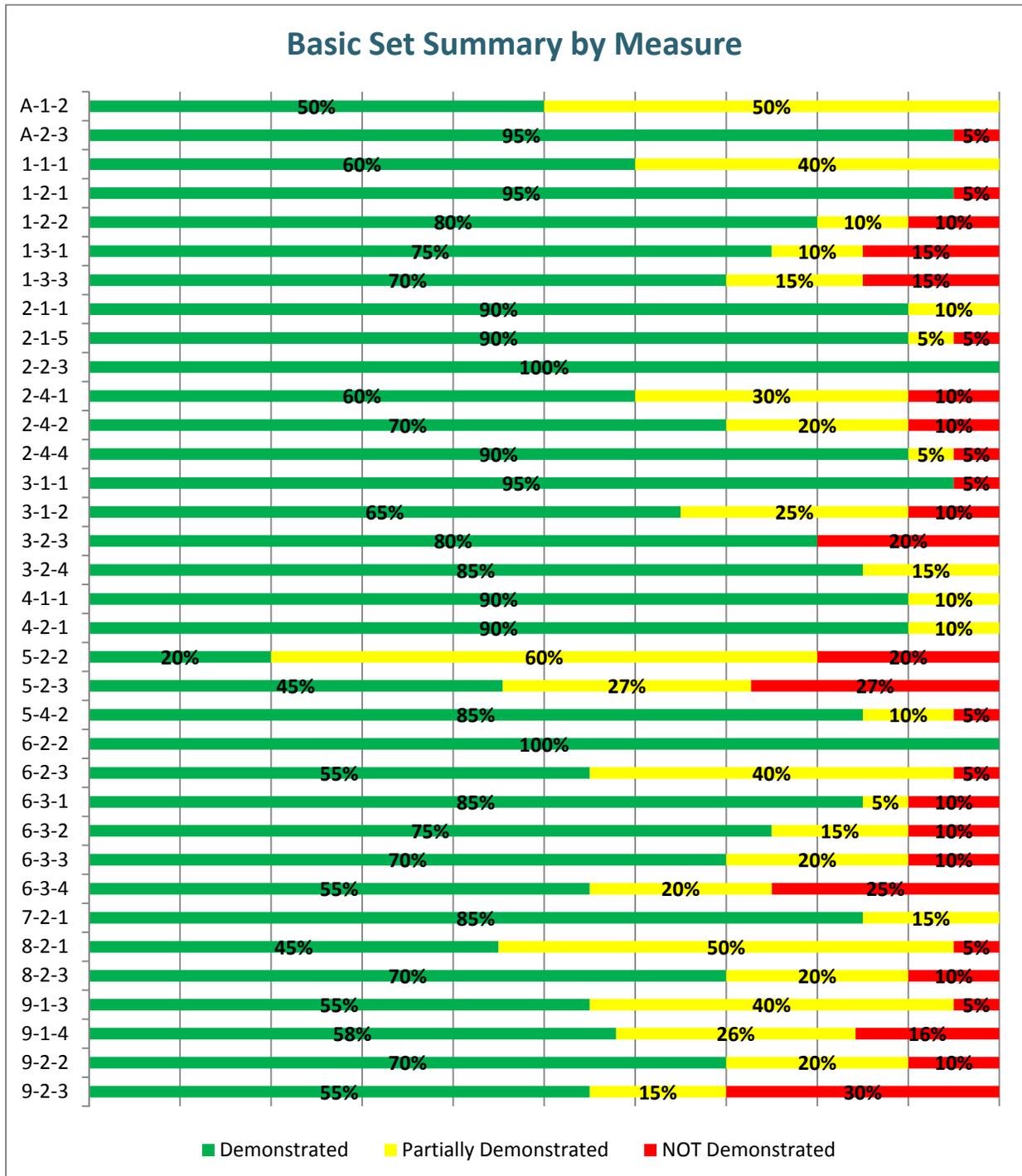
Chart 7



Performance Findings by Measure for Basic Set of Standards

The Basic standards for this review cycle contained a sub-set of the measures from the Washington standards. Approximately 40% (35 measures) were included in the Basic set. For some Domains only two measures were included in the Basic set, so no aggregate analysis by Domain or standard is possible. The following summary is for all 35 measures included in the Basic set.

Chart 8



Twenty LHJs submitted documentation for the Basic set of measures for this performance review. Approximately 40% (7 of these 20 LHJs) achieved an overall percent demonstrated of 80% or more of the 35 measures. The average percent demonstrated was 73%. Two of the 20 LHJs had less than 50% of the measures demonstrated, one with 38% and one with 43%. Both of these LHJs were reviewed for the first time as individual jurisdictions in this cycle. The remaining 11 LHJs demonstrated between 54% and 79% of the 35 measures.

Just under half (16/35) of the measures scored 80% or higher percent demonstrated. Three measures scored less than 50% demonstrated including:

- Measure **5.2.2 B** - Develop a Strategic Plan, with 20% demonstrated and 60% partially demonstrated
- Measure **5.2.3 B** - Implement the Strategic Plan, with 45% of the 20% of LHJs that demonstrated **5.2.2 B** demonstrating implementation of the Strategic Plan. (**5.2.3** was NA if **5.2.2** was not demonstrated)
- Measure **8.2.1 B** - Complete Performance Evaluations and Training Plans, with 45% demonstrated

These three areas of public health activities should be the primary topics for system-wide improvement efforts. Please see the charts on the following pages for the details of performance on the Basic set of measures by individual measure in **Appendix 2**.

Recommendations for Public Health System Improvement in Washington State

Recommendations are made to assist local and state agencies in developing meaningful approaches to address deficiencies and capitalizing on opportunities.

Development and Implementation of Strategic Plans

The result for one measure in Standard **5.2** - Strategic Plans was below 50% demonstrated in the National/Washington set and two measures were below 50% demonstrated for the Basic set. Specifically, measure **5.2.2** scored 43% demonstrated in the National/Washington set and 20% demonstrated in the Basic set. While most LHJs have developed Strategic Plans, many of the plans did not include objectives with measurable, time-framed targets, a requirement to meet measure **5.2.2**. Of those LHJs that submitted Strategic Plans, only 45% of the Basic set and 55% of the National/Washington set were able to demonstrate implementation of the Strategic Plan in measure **5.2.3**.

Recommendation: Ensure that all state and local Strategic Plans include objectives that have measurable and time-framed targets. This improvement will provide the capacity to effectively monitor progress on the implementation of the Strategic Plans.

Development and Implementation of Community Health Improvement Plans

Two of the lowest scored measures in the National set were related to Community Health Improvement Plans (CHIP) in the LHJs. Of the ten LHJs that submitted the National set, only four (40%) submitted a CHIP that met the requirements of measure **5.3.2**. While all four of these LHJs demonstrated implementation of at least two strategies in their CHIP (Measure **5.3.3**) none of the four demonstrated monitoring progress or revision of the CHIP (0% demonstrated for Measure **5.3.4**).

Recommendation: Establish methods and templates for all health departments to develop and implement a State/Community Health Improvement Plan (SHIP/CHIP) and support health departments' SHIP/CHIP planning and development activities in a systematic way.

Taking Action on Data Analysis-Closing the Plan-Do-Study-Act Cycle

Many of the local and state health departments were only able to partially demonstrate performance on measure **9.1.5** – evaluating the effectiveness of programs and identifying improvement opportunities due to a failure to complete the **Plan-Do-Study-Act (PDSA)** cycle of improvement (e.g., not taking action on the results of monitoring program performance measures). Several recommendations related to specific areas that need 'closure of the **PDSA** loop' are described below.

Recommendation: All state and local management and evaluation processes should emphasize taking action in leadership and governance minutes and reports.

Continued Emphasis on Monitoring Performance Measures and Using the Results

While more agencies and programs at both the state and local level demonstrated the establishment of program goals, objectives and performance measures and the monitoring the results than in 2005 and 2008, this is still a system-wide area needing improvement. Standard **9** continues to have the third lowest level of performance (59% demonstrated). Measures **9.1.3**, **9.1.4** and **9.1.5** were scored through the review of 48 separate programs. Measures **9.1.3 B**, **9.1.4 B** and **9.1.5 B** are a prime area to demonstrate 'closing the **PDSA** loop' by tracking, analyzing and using program specific performance measures. There are numerous examples of exemplary practices at both the local and state level that will be available to be used by lower performing programs to improve.

Recommendation: All programs in LHJs and DOH should continue their focus and initiatives to establish and monitor performance measures and use the results to improve programs and services.

Implementation of Quality Improvement

Standard **9.2B** requires the development of an agency Quality Improvement (QI) Plan and conducting of quality improvement efforts and training. This was the lowest scored standard (50% demonstrated) in the National/Washington standards. Only 29% of the 14 LHJs were able to demonstrate having a QI Plan, only 50% demonstrated implementing quality improvement efforts, 64% demonstrated conducting quality improvement training for staff; of the LHJs that had QI Plans, only 50% demonstrated the review and revision of the QI Plan for measure **9.2.4 B**. DOH also only partially met measure **9.2.4 B**.

Recommendation: Ensure that health departments establish plans for conducting quality improvement efforts and for training their staff in quality improvement methods and tools.

Customer Satisfaction

Measure **9.1.6 B** requires that a systematic process for assessing and improving customer satisfaction be established in all agencies. At the local level, only 29% of LHJs that submitted the National/Washington set were able to demonstrate that they had established and evaluated customer service standards.

Recommendation: Establish systematic customer satisfaction processes in all health departments and monitor satisfaction results to identify areas for improvement.

Performance Evaluations with Training Plans

Measure **8.2.1 B** requires that performance evaluations are conducted routinely and include training plans that are updated annually. This measure was demonstrated by only 50% of LHJs submitting the National/Washington sets and by only 45% of the LHJs submitting the Basic set.

Recommendation: Ensure that performance evaluations, including plans for training and development, are conducted annually for all staff.

Agency Knowledge and Application of Laws

Measure **6.2.1 B** requires that agencies show how they train appropriate staff in the knowledge and application of public health laws. Only 14% of the LHJs submitting the National/Washington sets were able to demonstrate this measure while 79% partially met the measure.

Recommendation: All LHJs should develop a list of the positions with regulatory and enforcement responsibility and ensure that training for consistency in the application of public health laws is documented. In addition, LHJs need to establish processes to ensure the consistency of the application of laws, such as audits or case review.

Review of Prevention and Health Education Information

Measure **3.1.4 B** requires the review of all types of educational materials at least every other year. This was another area with low performance in the last two cycles as well as in this performance review. Of the 14 LHJs that submitted the National/Washington set only 21% were able to demonstrate this measure.

Recommendation: Implement systematic processes for the regular review of materials to revise or improve them, as needed.

Recommendations for the Next Performance Review Cycle

The cycle of performance improvement that begins with the release of this 2011 Summary Performance Report must take into consideration the standards and processes established by the Public Health Accreditation Board for national accreditation. Revision of the Washington Standards for Public Health should align, to the extent possible, with the PHAB Version 1 standards to support state and local agencies in pursuing national PHAB accreditation in the future.

Recommendations:

- The Public Health Standards Workgroup should make a recommendation to the Secretary of Health in the fall of 2011 regarding the set of standards for Washington in the next cycle, whether they are the National, Washington, or Basic set.
- Plan to conduct the next performance review cycle in 2014 using the revised Washington standards to continue the cycle of every three year evaluation of statewide public health performance.
- Plan to accept PHAB accreditation as fulfilling the requirements of the Washington State Standards Review and accept the PHAB scores as the scores for the Washington review results.
- Involve and engage Boards of Health in increasing their knowledge of their role in demonstrating performance against the standards and in relationship to future PHAB accreditation, to demonstrate the value of LHJs participating in accreditation to local Boards of Health.

CONCLUSION

The incredible effort made by DOH and local health agencies in Washington State over the last decade to measure and improve public health practice is unique in the nation and provides an outstanding example of these efforts throughout the United States. Everyone involved should be commended and celebrated for the achievements in performance these efforts have accomplished. However, these are challenging times for public health, especially in Washington State, and the need for the smaller Basic set of measures is an example of the extent of the impact on the capacity of public health. The future of these performance measurement and improvement efforts must be balanced with acknowledgement of these difficult times and of the value and contribution that Washington makes to the health and well-being of its citizens and to public health throughout the nation.

APPENDIX I

National (PHAB Beta Test) and Washington Standards Results By Measure

The results for the National (or PHAB Beta Test version) and the Washington set of standards are shown in the charts on the following pages. Ten of the 34 local jurisdictions in Washington submitted documentation for the National set of standards and four submitted the Washington set. In some measures the ‘n’ is less than 14 due to the measure not applying to one or more jurisdictions.

For DOH ‘n’ is always 1 unless otherwise noted.

Chart 8

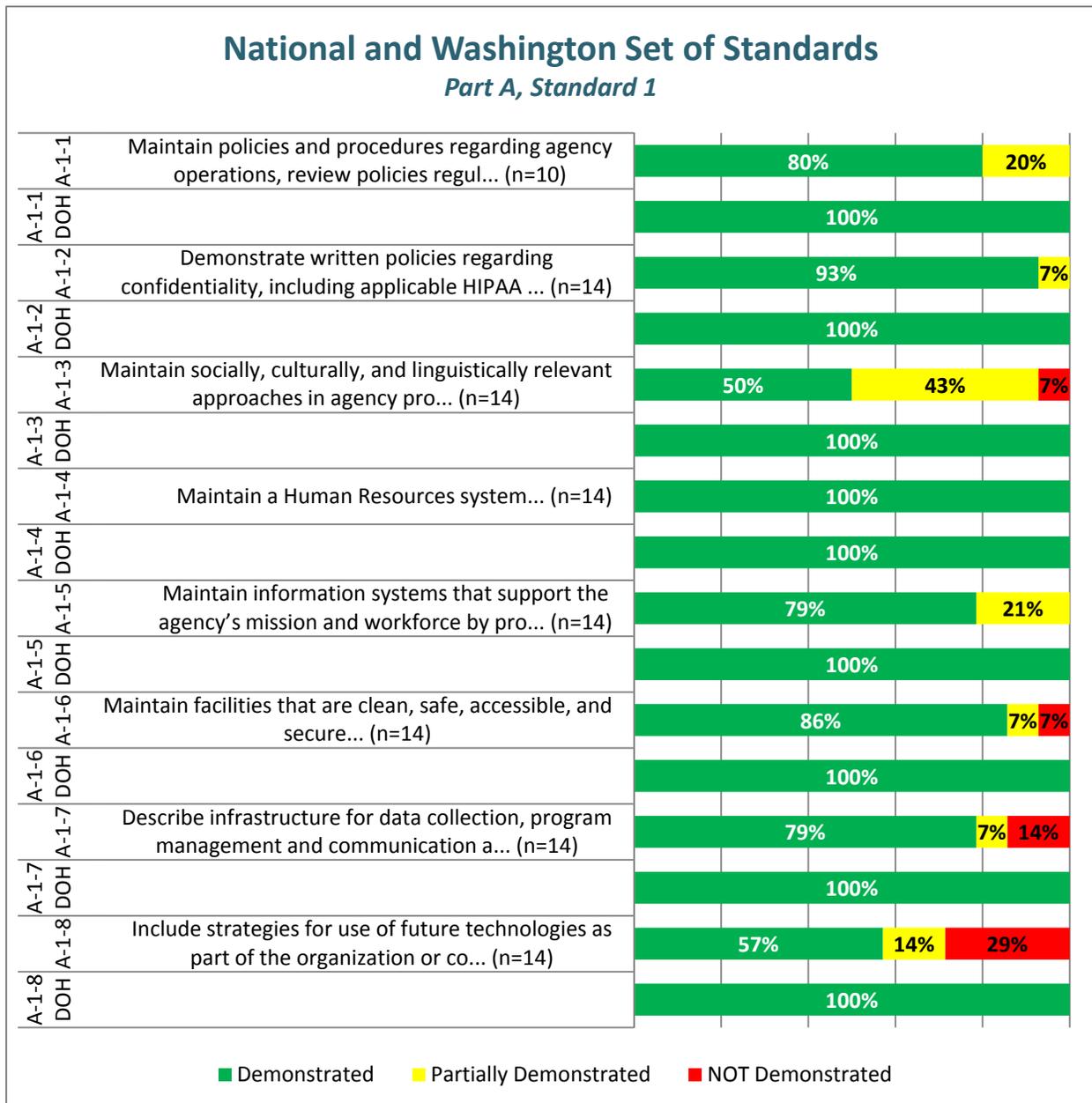


Chart 9

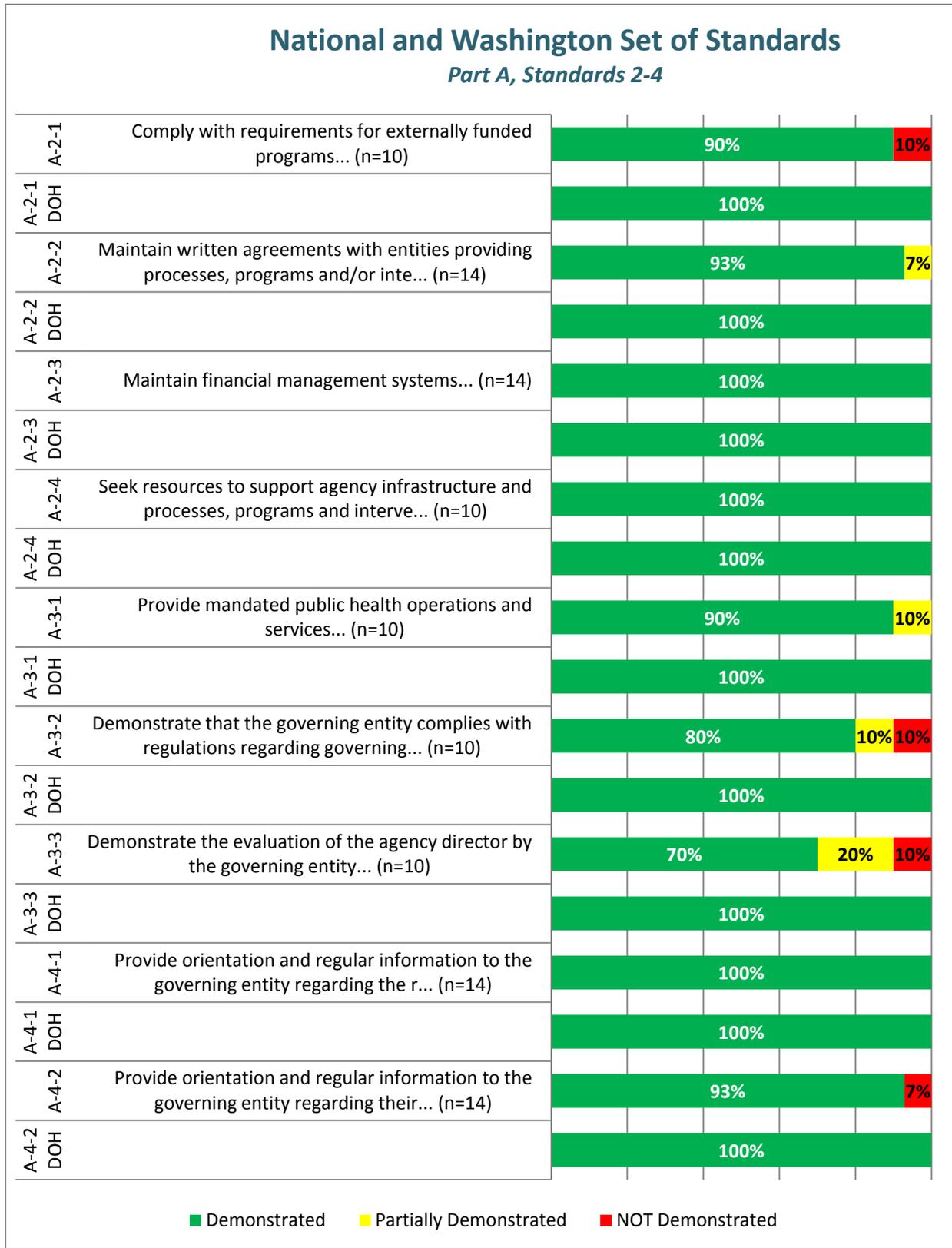


Chart 10

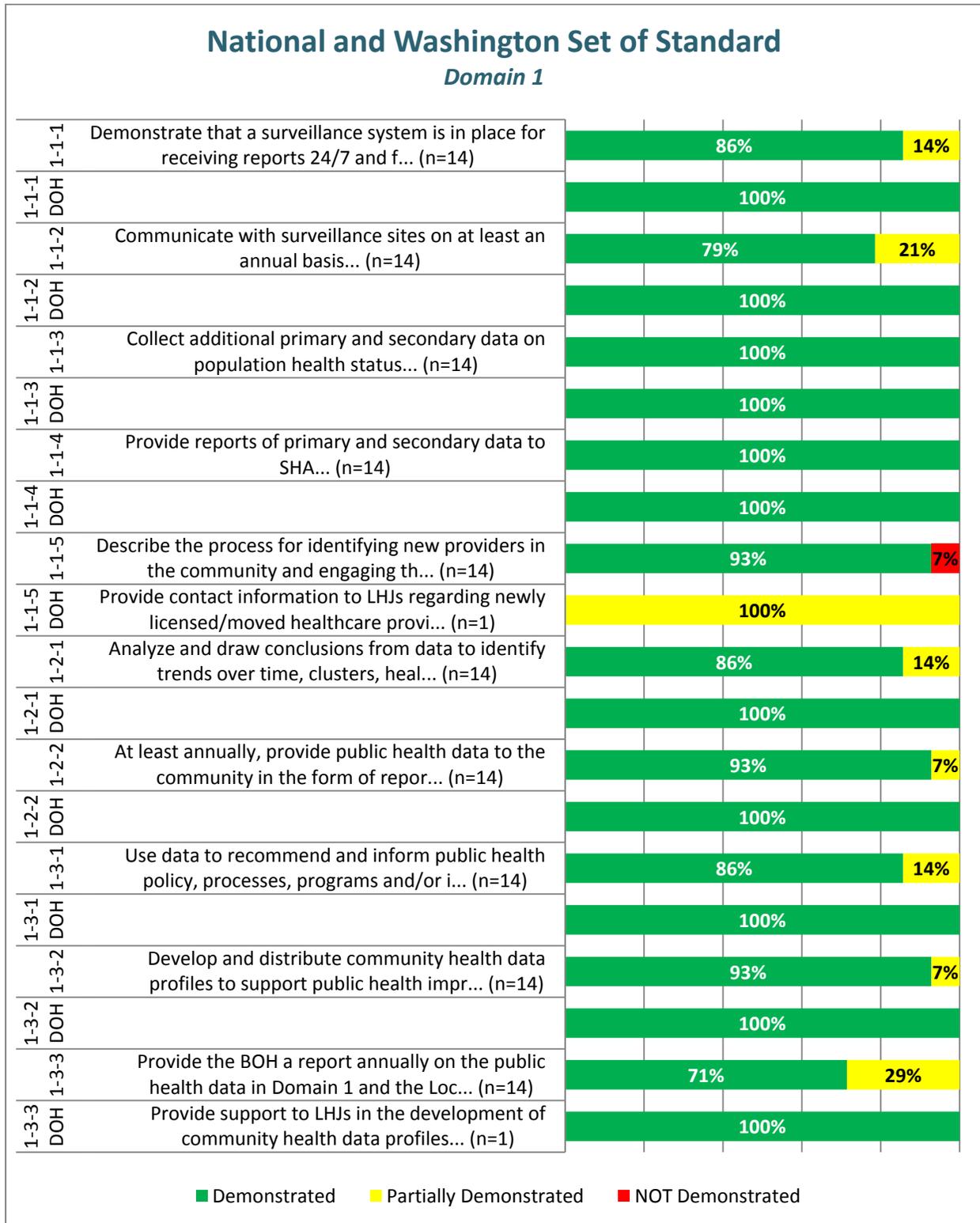


Chart 11

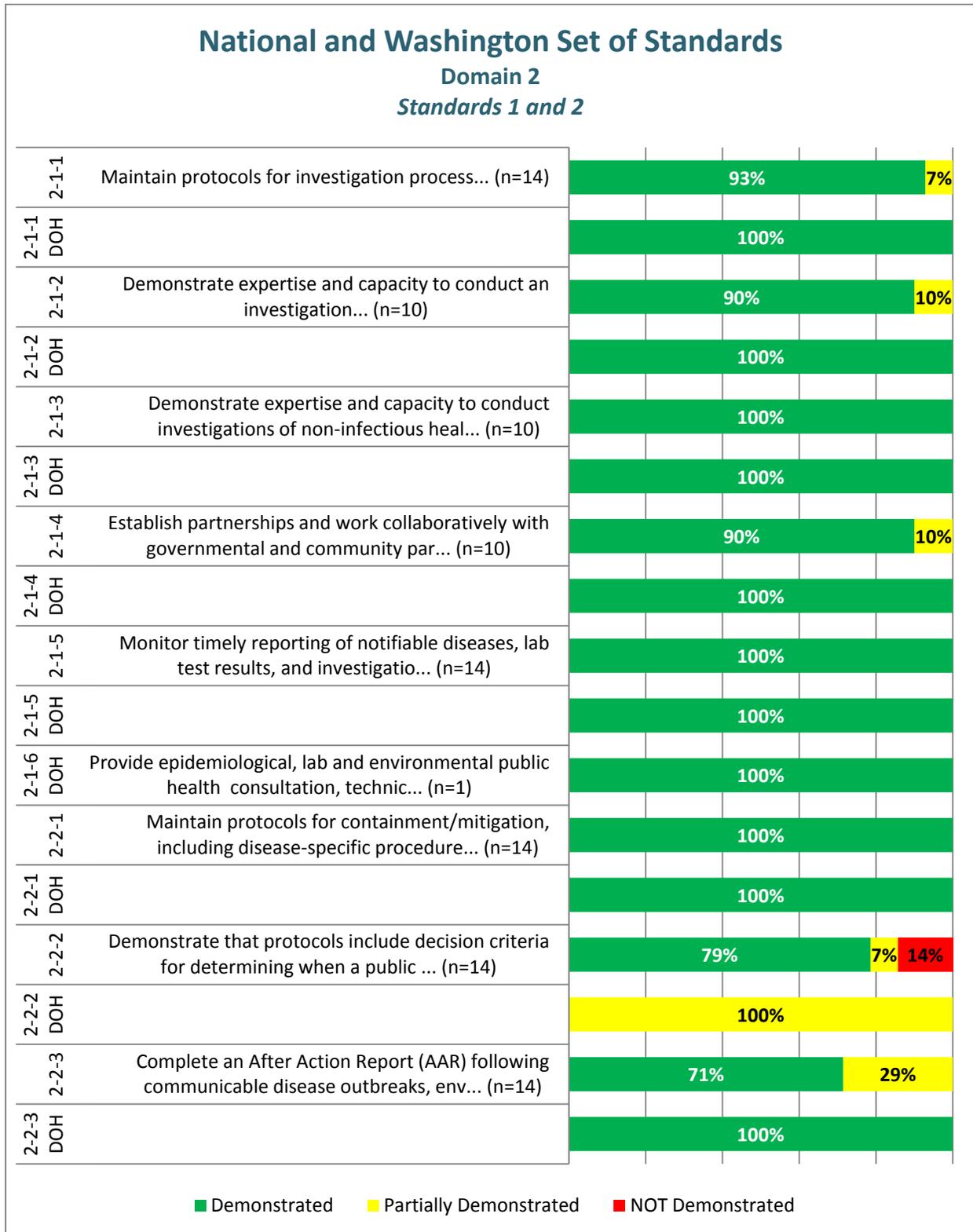


Chart 12

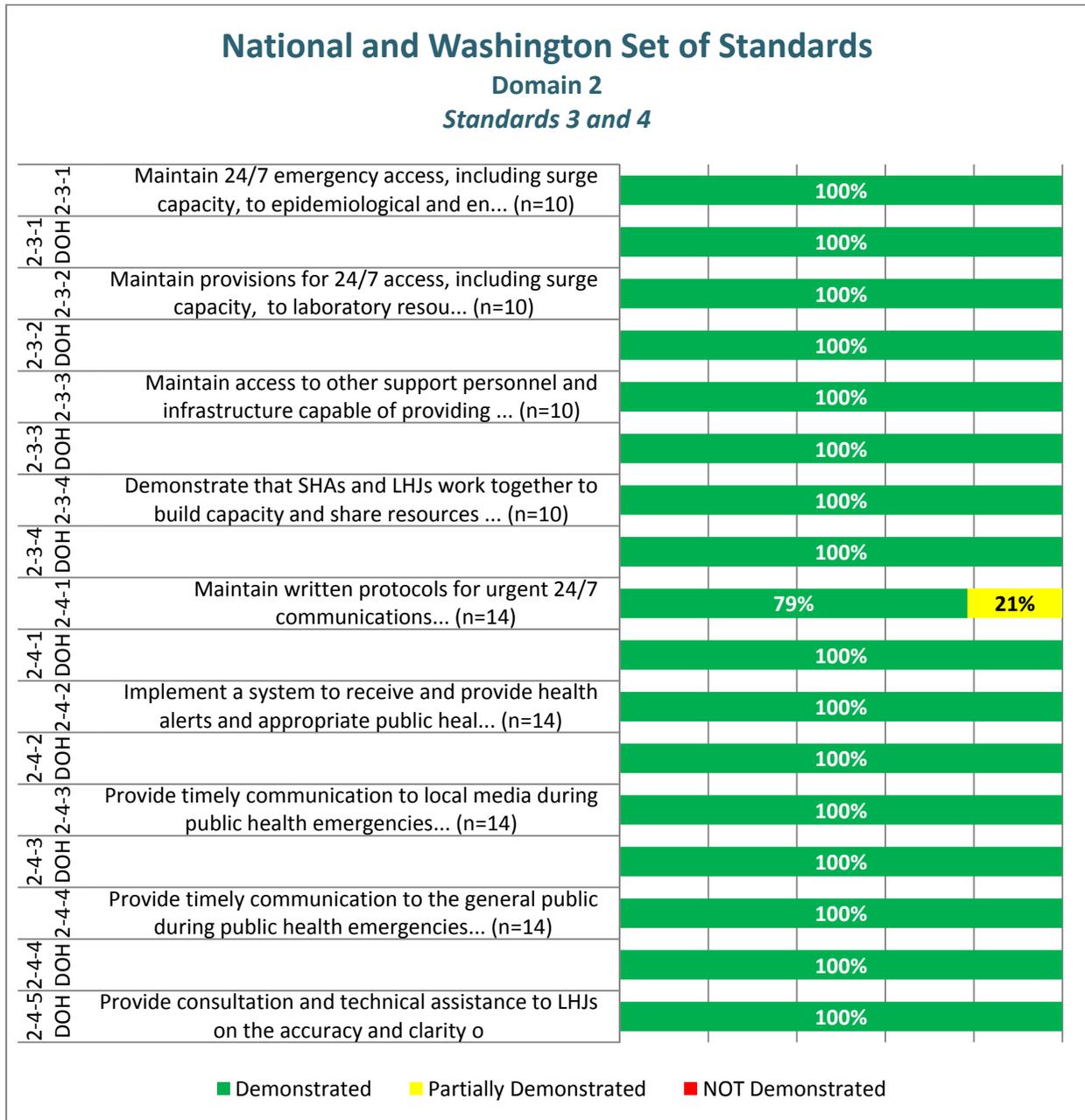


Chart 12

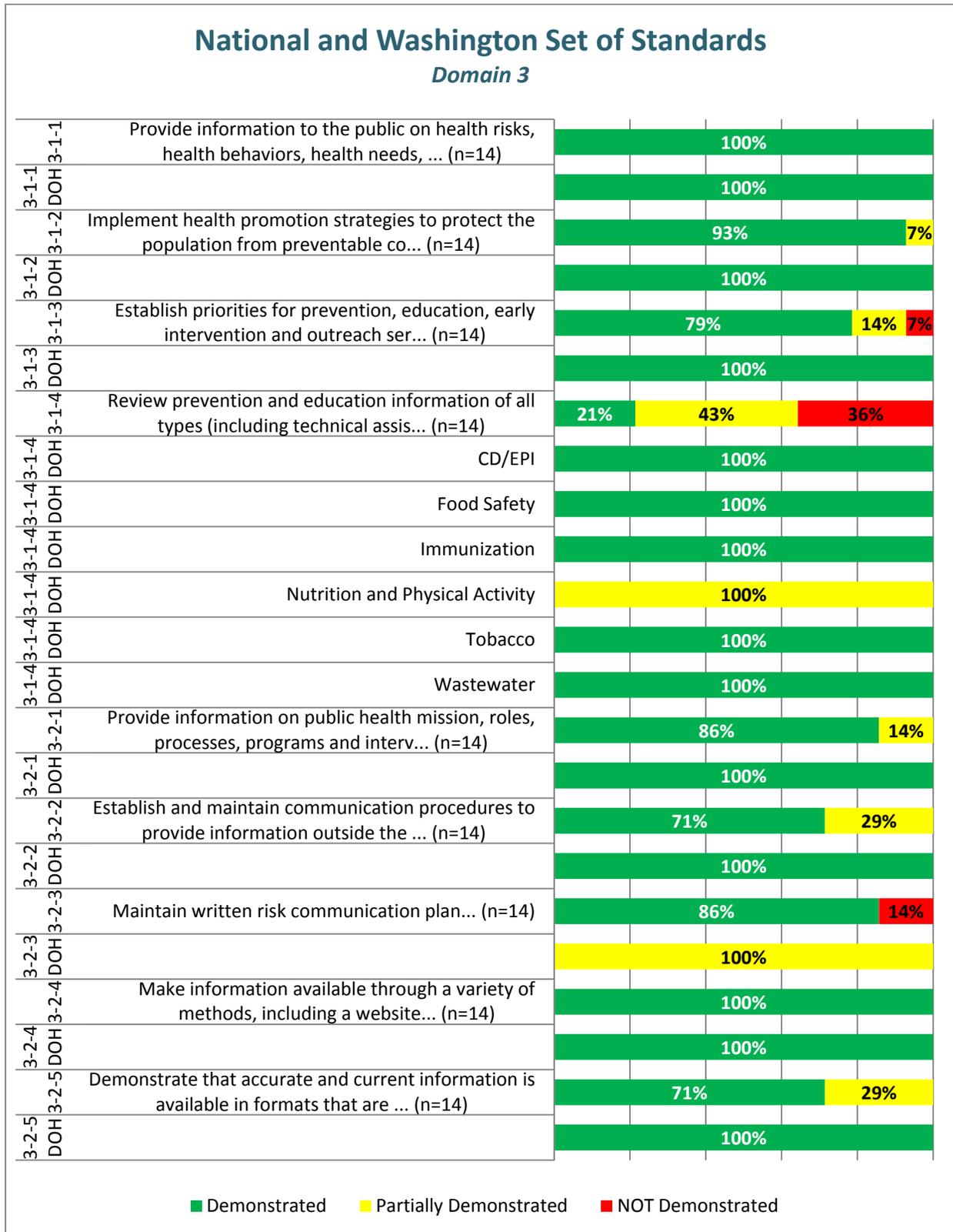


Chart 13

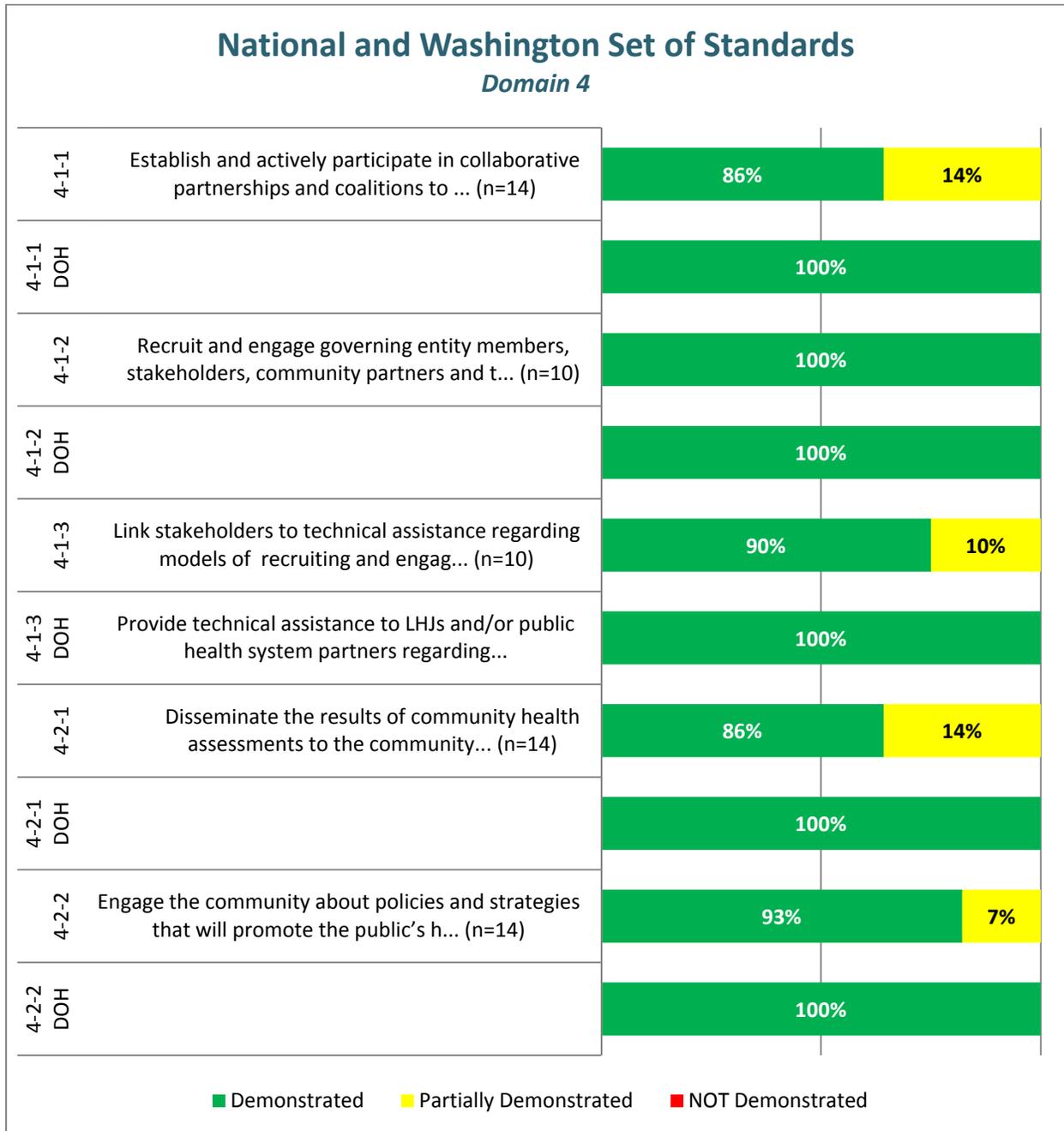


Chart 14

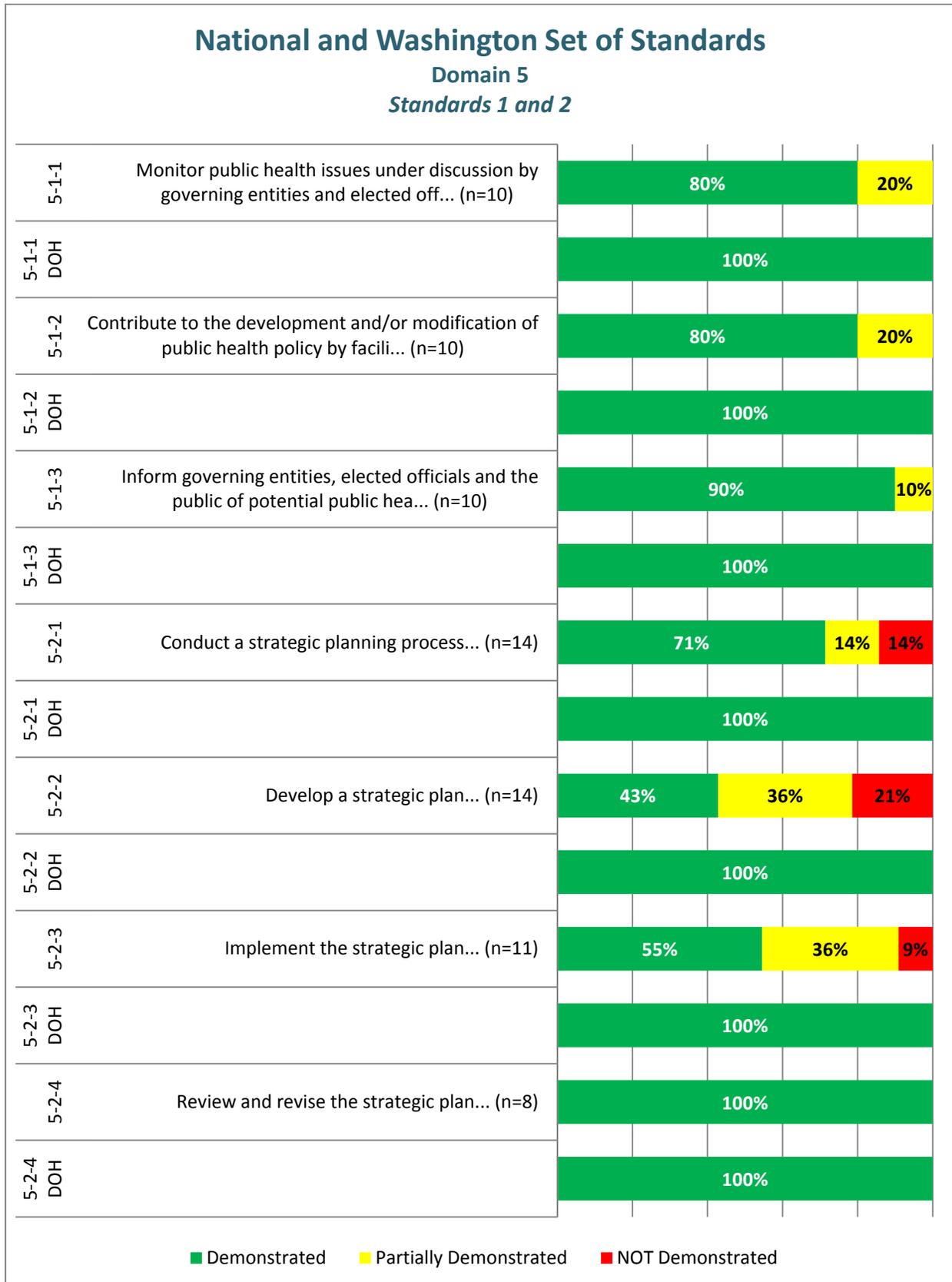


Chart 15

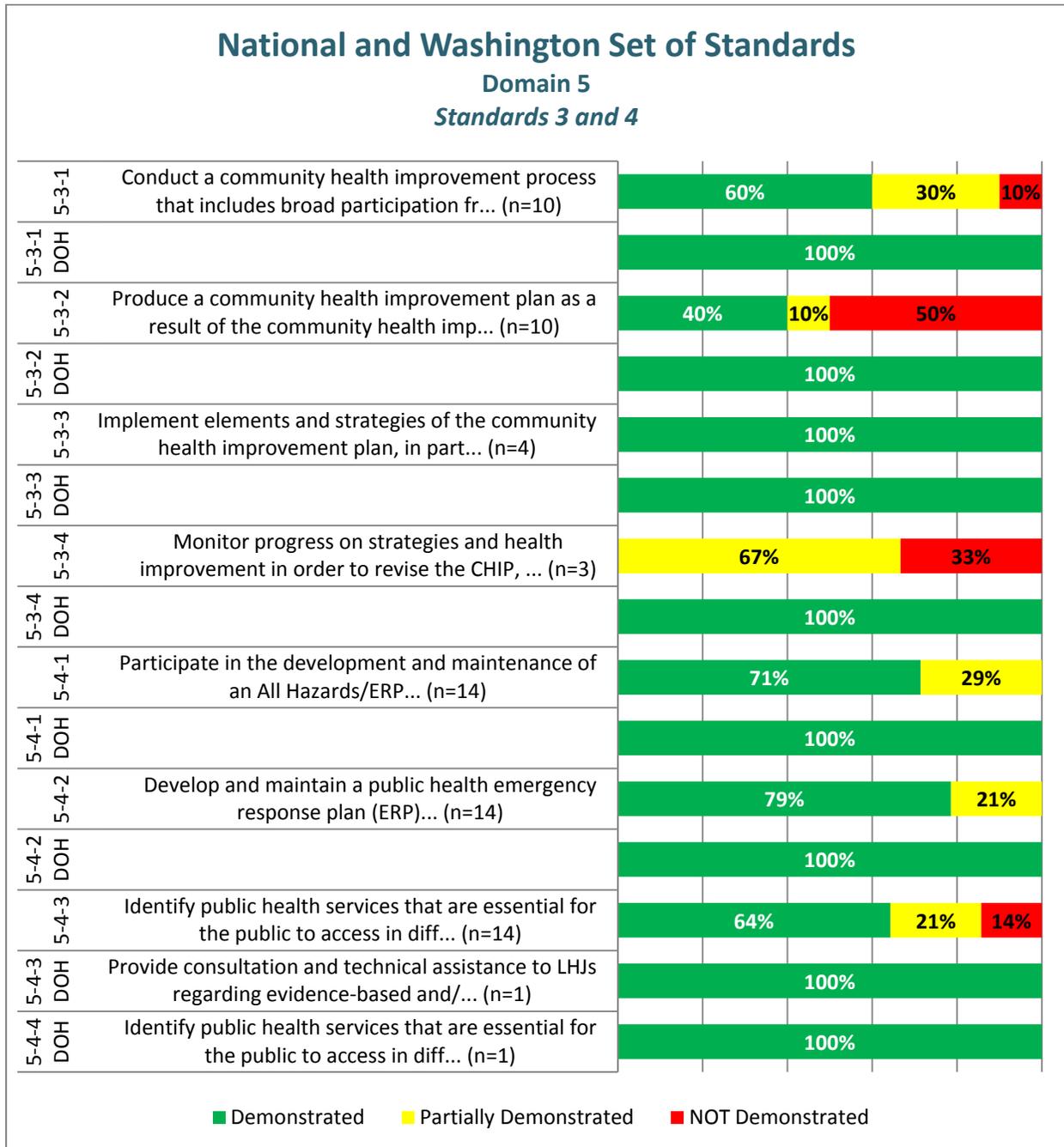


Chart 16

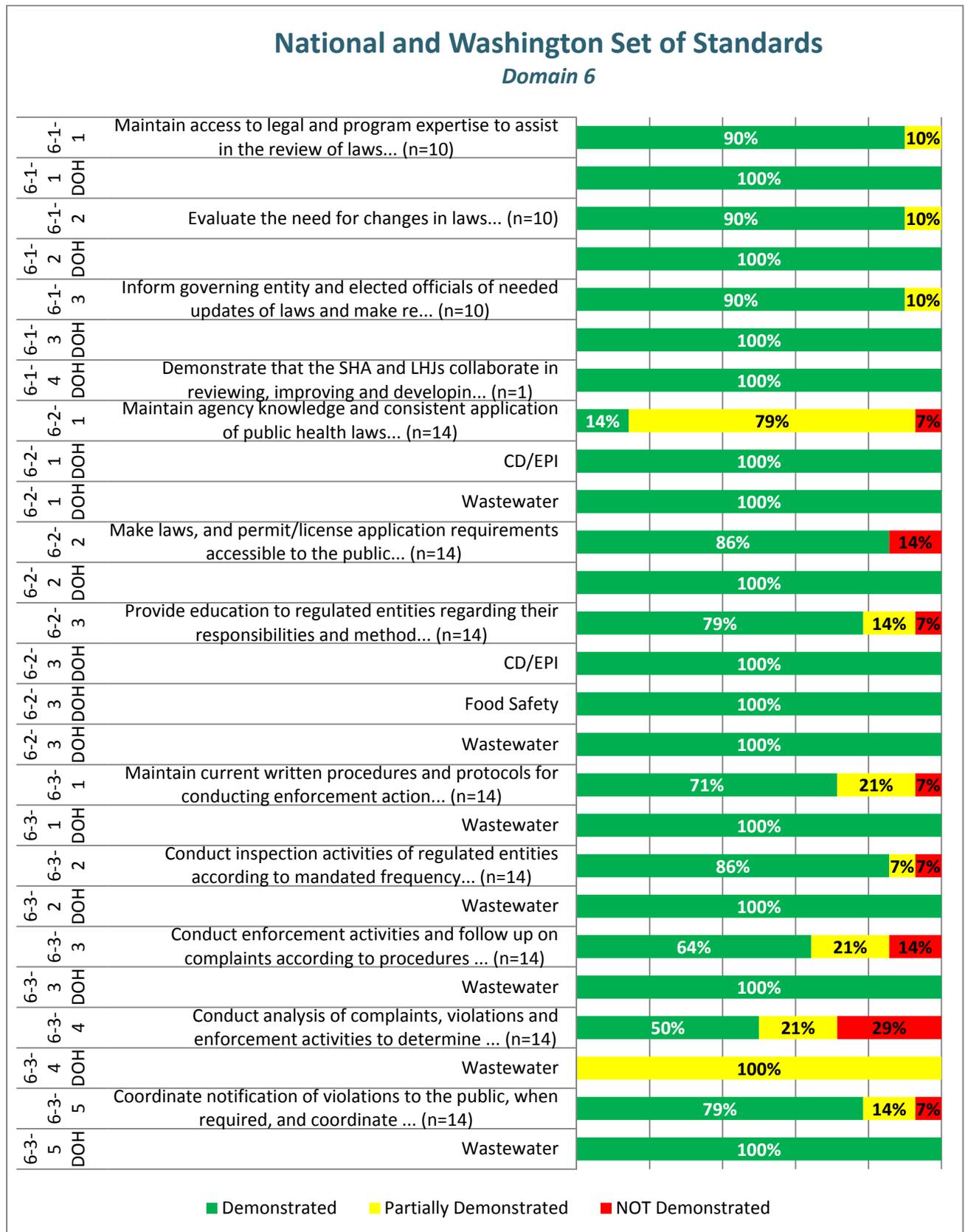


Chart 17

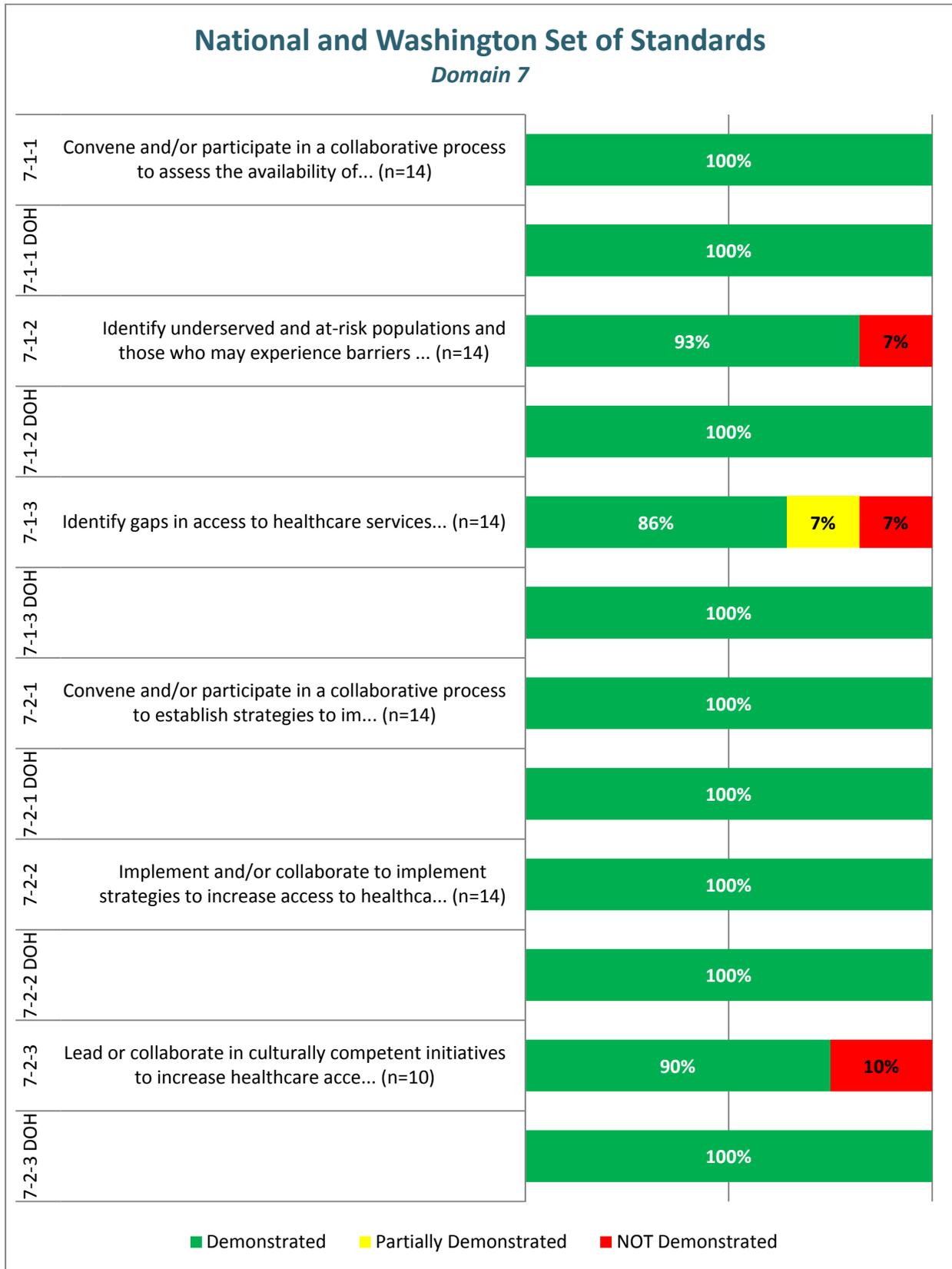


Chart 18

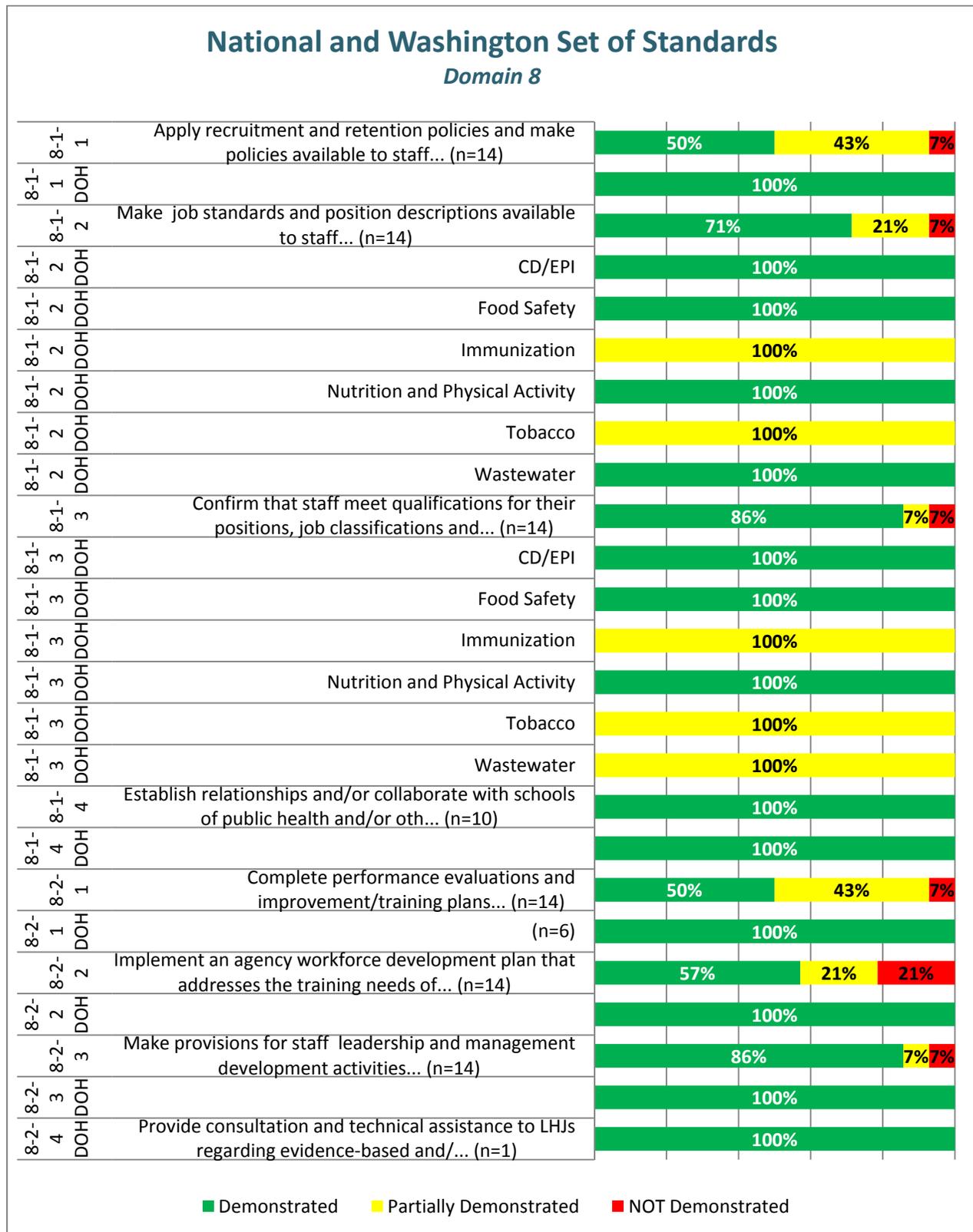


Chart 20

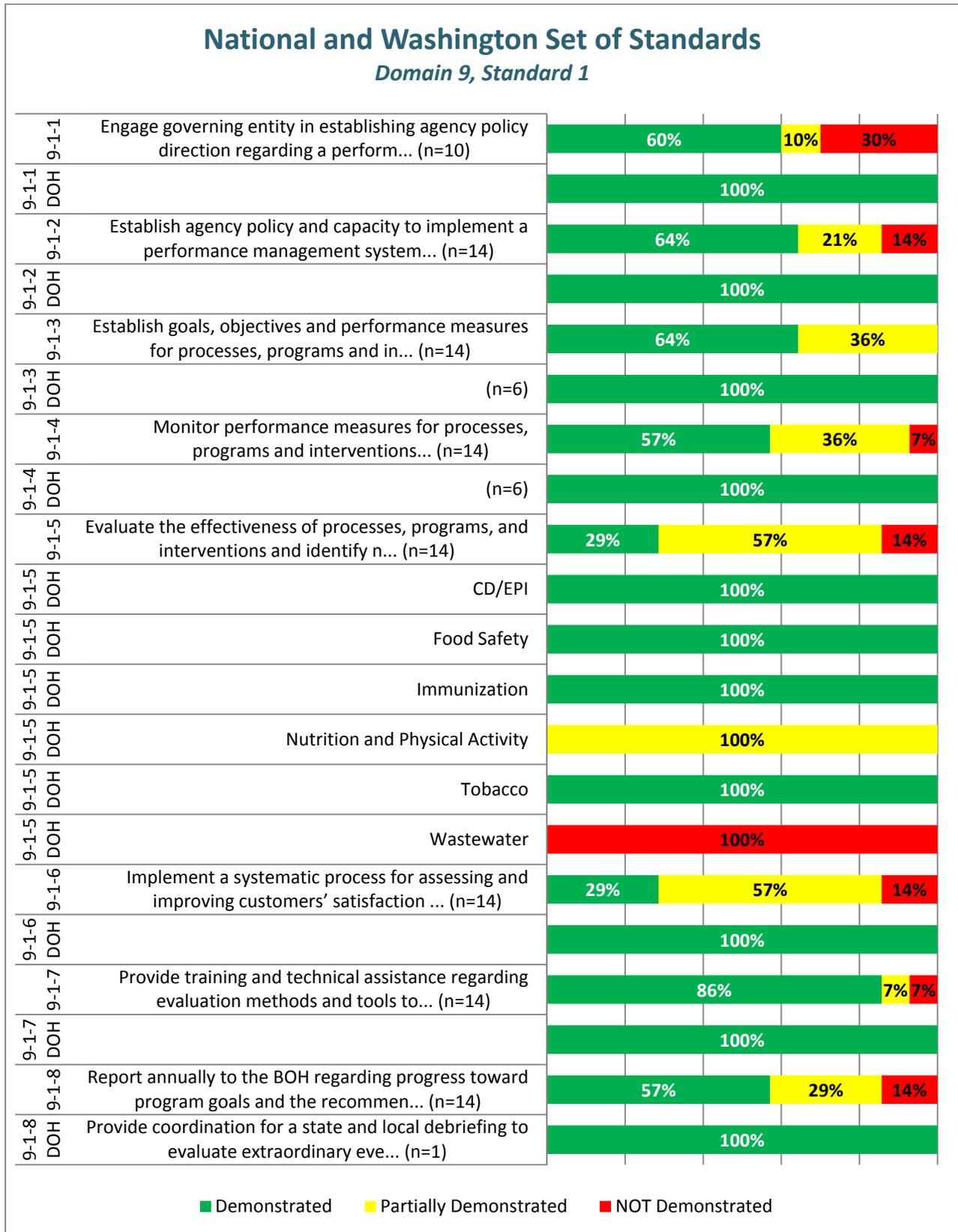


Chart 19

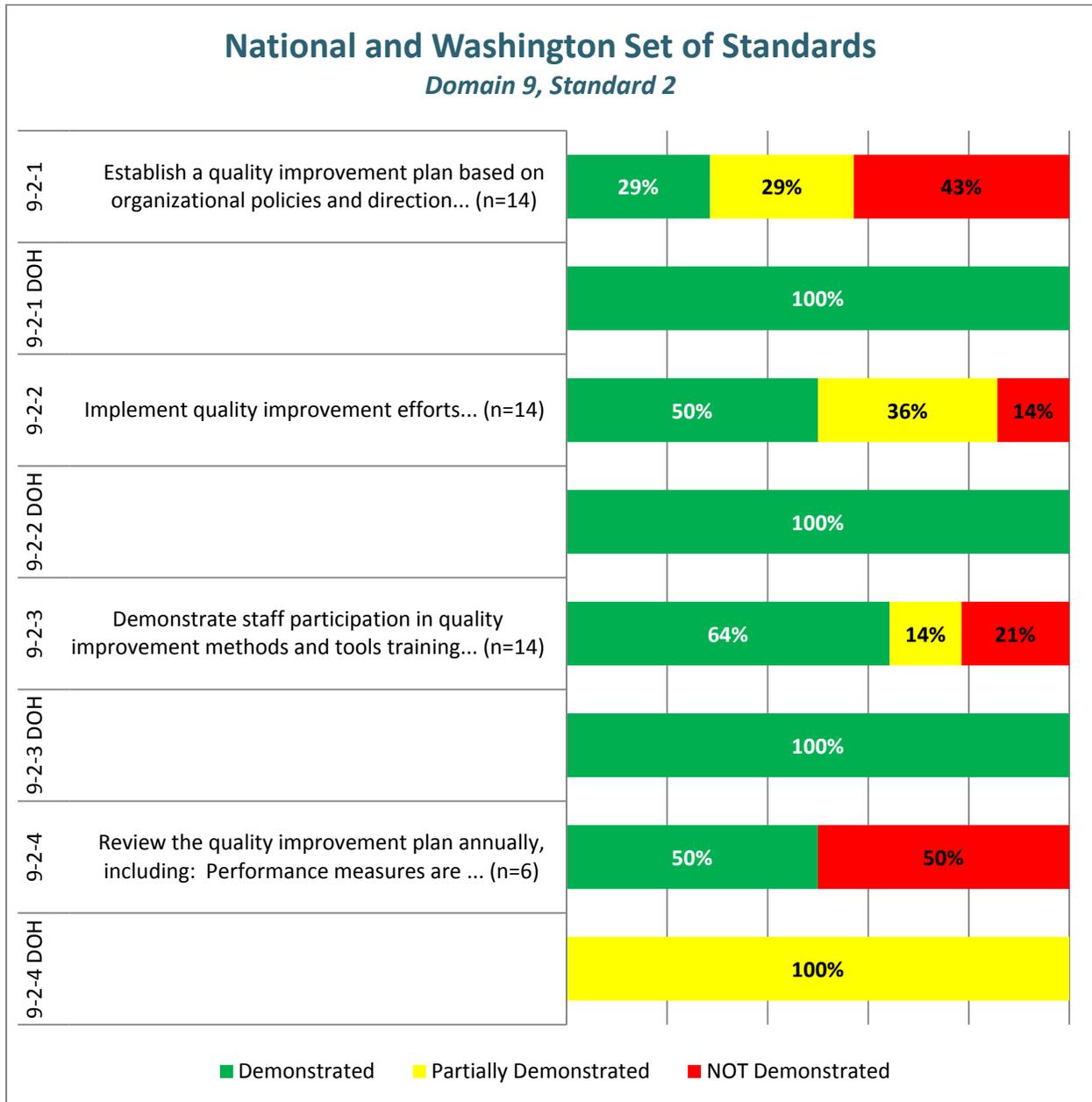
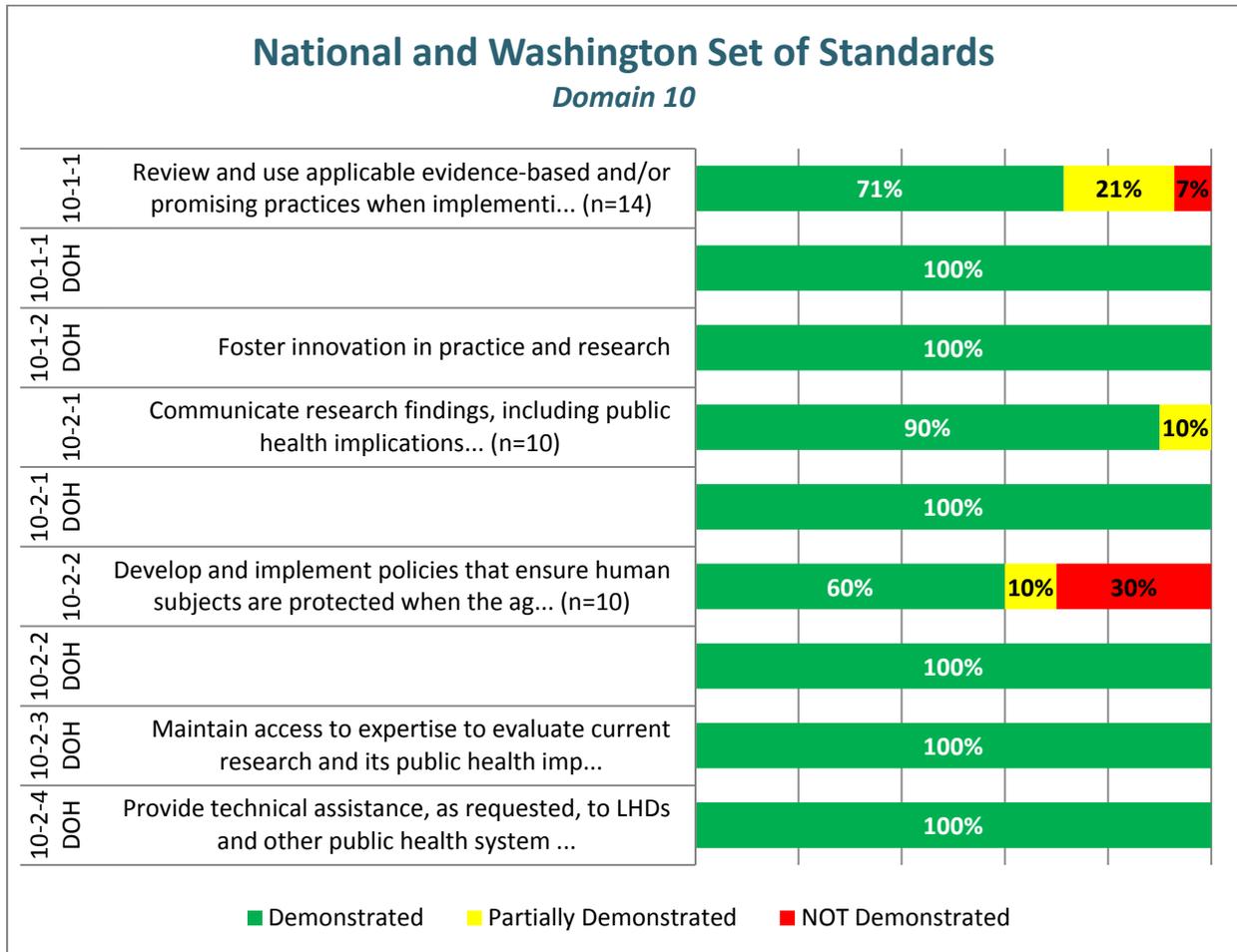


Chart 22



APPENDIX 2

Basic Set of Standards Performance Results

The Basic set of standards for the 2011 Performance review cycle included 35 measures from the Washington set. Measures **6.2.3** and **8.2.1** were evaluated by separately scoring documentation from two programs; Communicable Disease and a selected environmental health program, either Food Safety Program or Onsite Sewage/Wastewater Program. Twenty of the 34 local jurisdictions in Washington submitted documentation for the Basic set of measures. In some measures the ‘n’ is less than 20 due to the measure not applying to one or more jurisdictions.

Chart 20

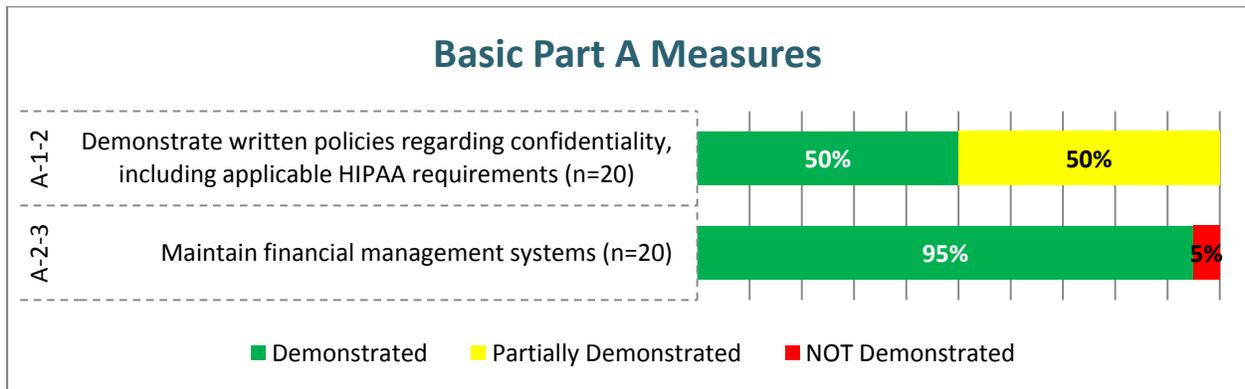


Chart 21

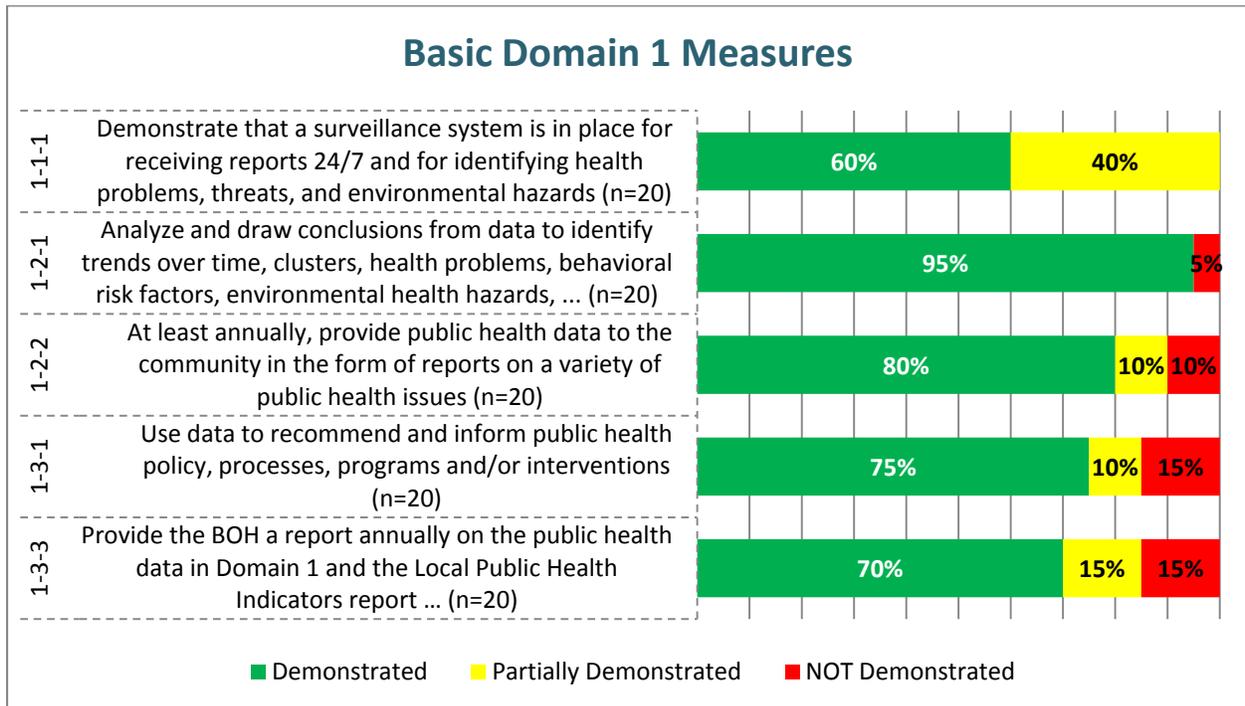


Chart 22

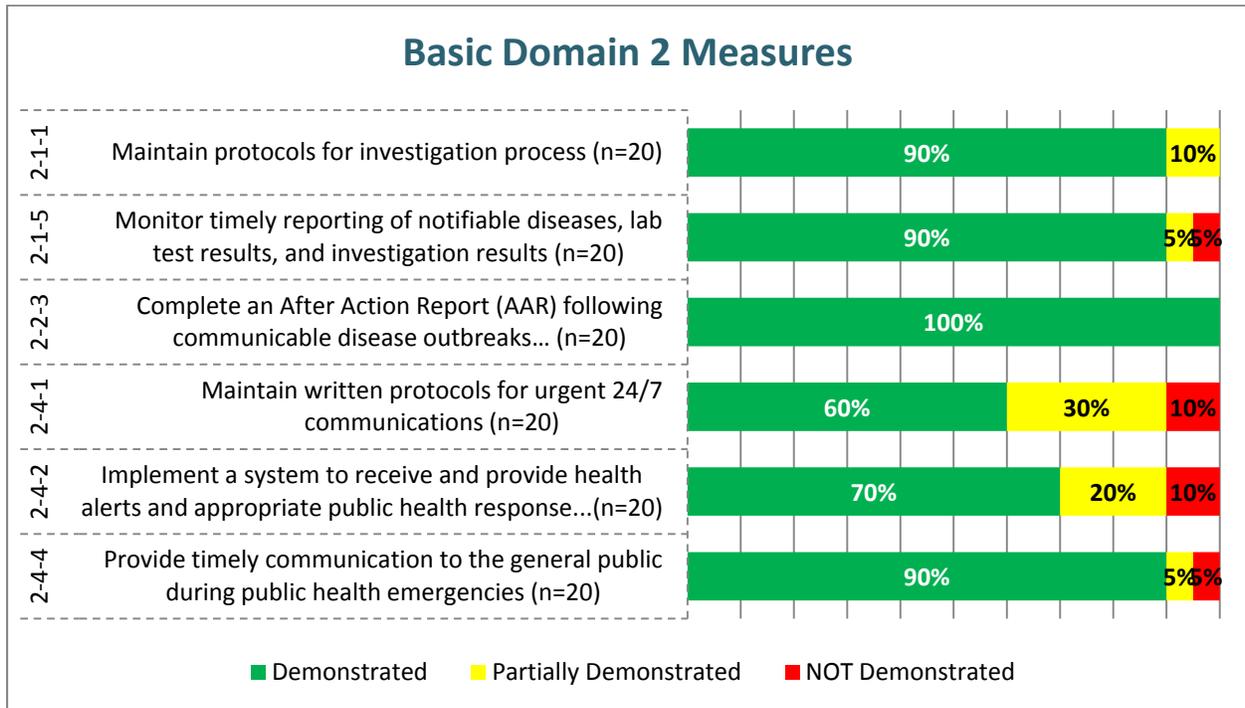


Chart 23

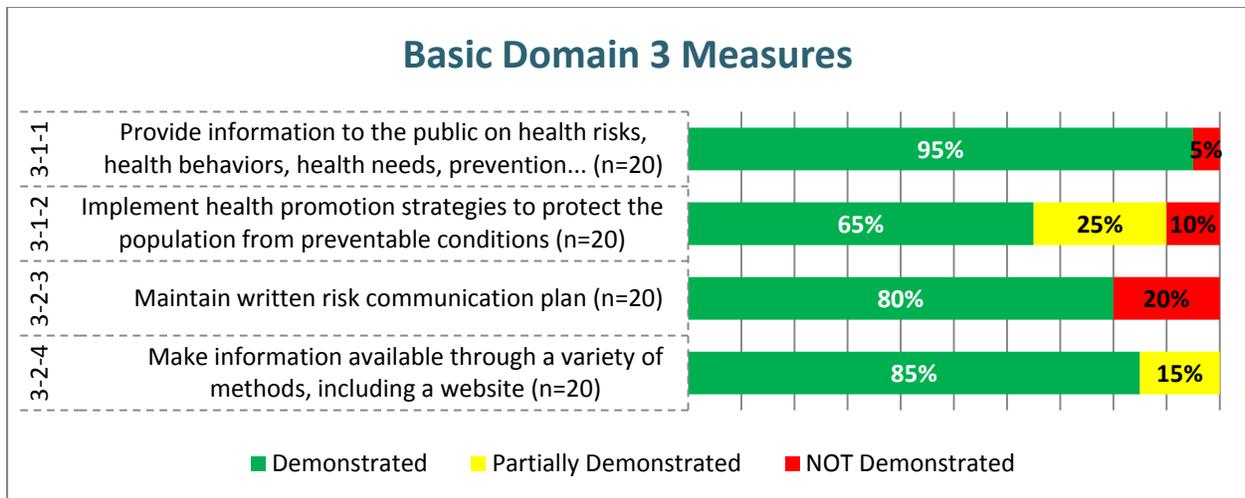


Chart 24

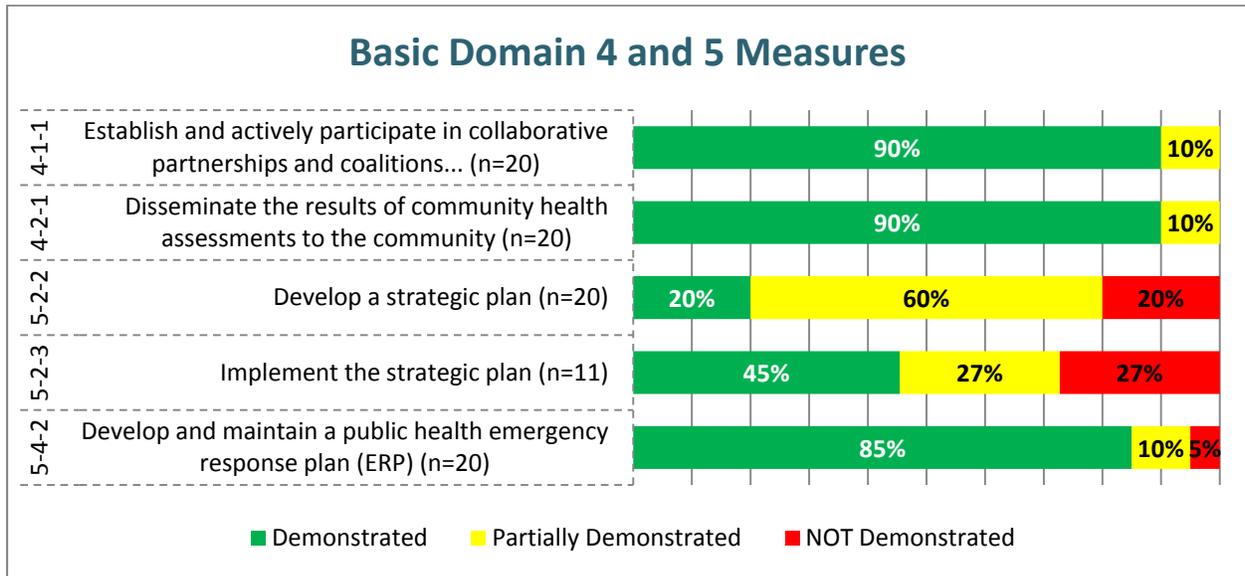


Chart 25

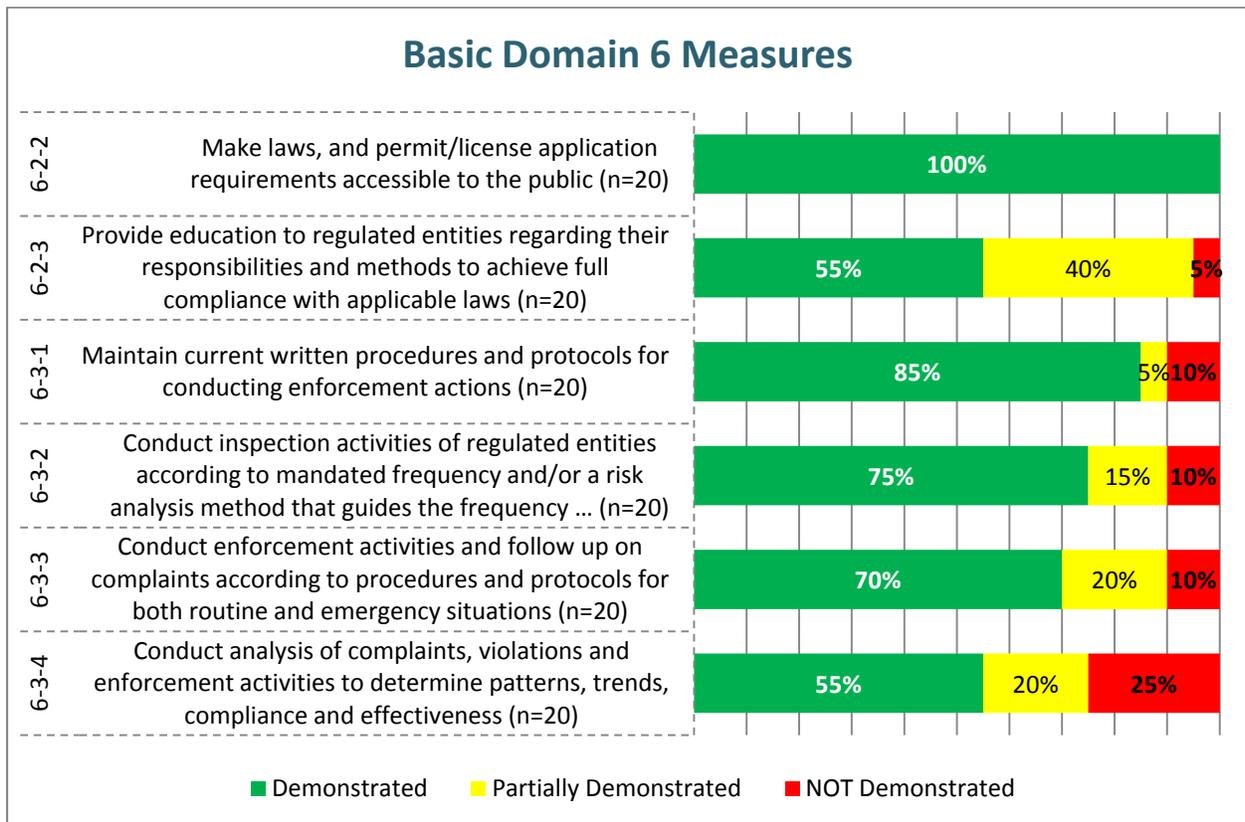


Chart 26

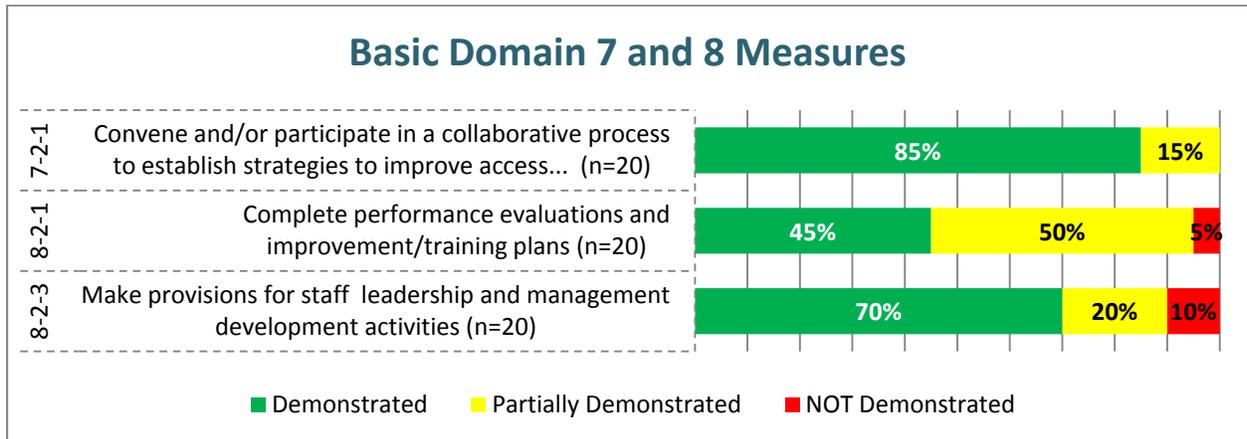


Chart 27

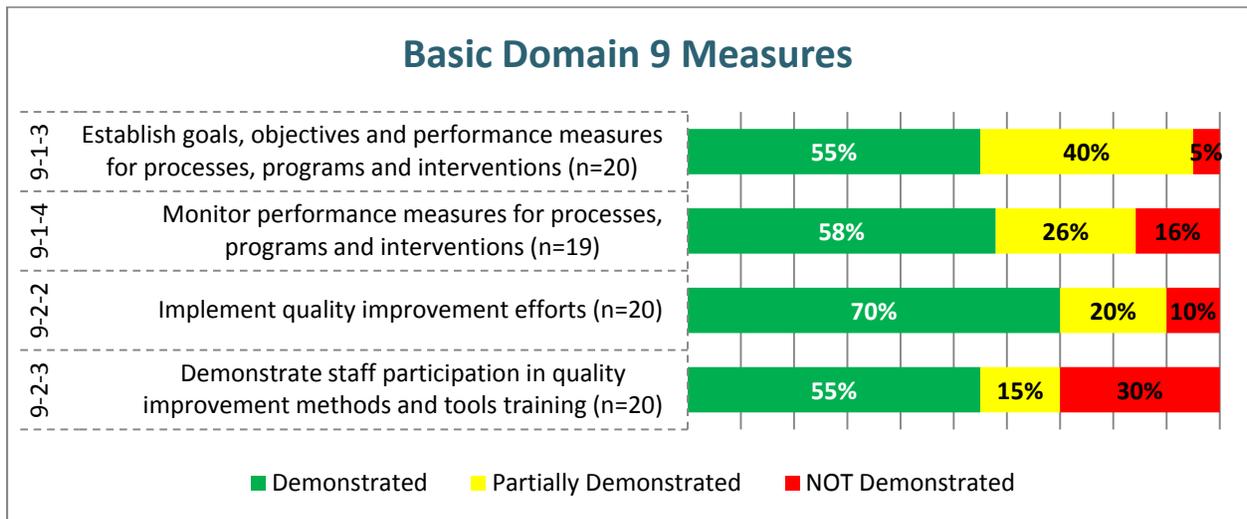


Chart 28

Basic Domain 10 Measures

There are no measures in Domain 10 for the Basic Set of Standards.

APPENDIX 3

LHJ Program Review Table

Explanation of Review for 'All' and 'Specific Program' Measures

The vast majority of the measures in the Standards for Public Health in Washington are 'Agency' level measures and will be evaluated once for the entire agency. The following matrix indicates the 14 measures in the 2010-2011 standards that will be reviewed at the program level (rather than the agency).

While seven of these measures apply to 'All' programs (noted below), for the purposes of the performance review they will be evaluated by looking at a sample of three programs. For these measures, your agency needs to select which Environmental Health Program will be reviewed (Food Safety or Wastewater/OSS) and one other program (either Immunization, Physical Activity and Nutrition, or Tobacco). The third program reviewed will be Communicable Disease (notifiable conditions activities only).

For the seven measures that apply only to 'Specific Programs' (noted below), the Communicable Disease and Environmental Health programs will be reviewed.

Note: Agency measures are not included in this LHJ Program Review table.

Measures for the Three Program Sample Review

Measure	Programs for Review		
	CD (notifiable conditions activities only)	EH program (select either Food Safety or Wastewater/OSS program for review)	Other program (select one other program, either Immunization, PA and Nutrition or Tobacco for review)
3.1.4 B: Review prevention and education information of all types (including technical assistance) at least every other year and update, expand or contract as needed based on revised regulations, changes in community needs, evidence-based practices and public health data. There is a process to evaluate the content and use of and to update materials.	X	X	X
8.1.2 B: Make job standards and position descriptions available to staff.	X	X	X
8.1.3 B: Confirm that staff meet qualifications for their positions, job classifications and licensure.	X	X	X
8.2.1 B: Complete performance evaluations and improvement/training plans.	X	X	X
9.1.3 B: Establish goals, objectives and performance measures for processes, programs and interventions.	X	X	X
9.1.4 B: Monitor performance measures for processes, programs and interventions.	X	X	X
9.1.5 B: Evaluate the effectiveness of processes, programs, and interventions and identify needs for improvement.	X	X	X

Measures for Two Programs to be Reviewed

Measure	Programs for Review	
	CD (notifiable conditions activities only)	EH program (select either Food Safety or On-Site program for review)
6.2.1 B: Maintain agency knowledge and consistent application of public health laws.	X	X
6.2.3 B: Provide education to regulated entities regarding their responsibilities and methods to achieve full compliance with applicable laws.	X	X
6.3.1 B: Maintain current written procedures and protocols for conducting enforcement actions.	X	X
6.3.2 B: Conduct inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities.	X	X
6.3.3 B: Conduct enforcement activities and follow up on complaints according to procedures and protocols for both routine and emergency situations.	X	X
6.3.4 B: Conduct analysis of complaints, violations and enforcement activities to determine patterns, trends, compliance and effectiveness.	X	X
6.3.5 B: Coordinate notification of violations to the public, when required, and coordinate the sharing of information about enforcement activities, analysis, results and follow-up activities among appropriate agencies.	X	X

