

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

State Board of Health

The Standards and the 2008 Performance Review

Thank you for participating in the performance review of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the NACCHO Operational Definition.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

This Report

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your agency or program and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

Strengths

- The continued work on access over time, as reflected in strategic goals and follow up/other reports
- The new reports developed for system improvement, including State Health Report 2006, 2008 Progress Report/Health Disparities, and Mental Health-A Public Health Approach Report
- The surveillance of new issues and partnership with DOH to develop policy and rulemaking in these areas
- The development of the Strategic Plan
- The development of SBOH orientation materials, and bylaws
- The outreach to LBOH

Areas for Improvement

- Keep working on training tracking, including annual review of the EPRP
- Continue outreach to LBOH, with potential TA on orientation, by-laws and operating rules

The Performance Review Approach

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

During the site review, an independent consultant from MCPP Healthcare Consulting and/or a local health jurisdiction reviewer evaluated the documents and scored each measure. When the reviewer had

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

Results of the Site Review

The attached report is organized into two sections. First there is an agency summary showing each of the applicable measure and the performance on each measure. This section is color coded with green to indicate that the measure was demonstrated, yellow to indicate that the measure was partially demonstrated and red to indicate that the measure was not demonstrated. The measure is blank if it was scored as “not applicable”. This summary gives the agency immediate information on performance in each of the standards. The second section is a detailed summary for each measure with a list of all the documents used to score the measure and related comments for all measures applicable to the agency or program.

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

Scoring and Related Information in the 2008 Review Site Reports

- For each measure [scored by the reviewer]:
 - 2 = demonstrates the measure,
 - 1 = partially demonstrates the measure,
 - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *Comments* provide clarification regarding the intent of the measure or the score assigned.
- *Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.
- *Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.
- *For each Standard:* at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*).

Next Steps

First, celebrate what you have accomplished. In the two and a half year period between the 2005 Evaluation and this performance cycle, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day and especially for your work in preparing for the site reviews.

Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff, you should review the data again to determine which areas of your work might benefit from a focused improvement process. Develop a brief, but specific and doable work plan—don’t try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific Standards or measures. You will be assisted in this effort by several initiatives:

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs and DOH programs in Washington State. Potential exemplary practice documents

were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2008 at www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm

- **Statewide initiatives** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

Finally, begin preparing now for the next performance review. The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011. Your program may save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance. Other strategies for improving your performance and documentation include:

- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another LHJ or DOH program may have an excellent process or documentation method that you can start using with less time and effort.
- Identify methods for getting technical assistance from other state programs or from LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2008 performance review, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

Summary Site Report

Demonstrates = 2

Partially Demonstrates = 1

Does Not Demonstrate = 0

Standard 1: Community Health Assessment

Measure	Score	Compliance Demonstration
1.2 S	2	Fully Demonstrated
1.3 S	2	Fully Demonstrated
1.8 S	2	Fully Demonstrated

Standard 2: Communications to the Public and Key Stakeholders

Measure	Score	Compliance Demonstration
2.1 S	2	
2.5 S	1	Partially Demonstrated
2.8 S	2	Fully Demonstrated

Standard 4: Monitoring and Reporting Threats to Public's Health

Measure	Score	Compliance Demonstration
4.10 S	2	Fully Demonstrated

Standard 5: Planning for and Responding to Public Health Emergencies

Measure	Score	Compliance Demonstration
5.5 S	1	Partially Demonstrated

Standard 6: Prevention and Education

Measure	Score	Compliance Demonstration
6.8 S	2	Fully Demonstrated

Standard 7: Helping Communities Address Gaps in Critical Health Services

Measure	Score	Compliance Demonstration
7.1 S	2	Fully Demonstrated
7.7 S	2	Fully Demonstrated

Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 S	2	Fully Demonstrated
10.2 S	1	Partially Demonstrated
10.4 S	2	Fully Demonstrated
10.5 S	2	Fully Demonstrated

Standard 11: Information Systems

Measure	Score	Compliance Demonstration
11.4 S	2	Fully Demonstrated

Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 S	2	Fully Demonstrated
12.3 S	2	Fully Demonstrated
12.4 S	2	Fully Demonstrated

Overall Score Totals

% Demonstrates	84%
% Partially Demonstrates	16%
% Does Not Demonstrate	0%

Note: Totals may not equal 100% due to rounding

STATE BOARD OF HEALTH

	Measure	Score	Comments	Documents
1.2 S	<p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of the activities below):</p> <ul style="list-style-type: none"> • signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 S]. 	2		2008 Progress Report/Health Disparities, State Health Report 2006, Each Student Successful Summit 5/18/07
1.3 S	<p>Written recommendations for policy decisions, program changes, budget changes or other actions.</p> <p>For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.</p> <p>Documentation that LHJs are involved in the development of state level recommendations that affect local operations.</p>	2		2008 Progress Report/Health Disparities, State Health Report 2006, Each Student Successful Summit
1.8 S	<p>At least two examples of reports on new or emerging health issues related to health policy choices with information on evidence-based practices for addressing the health issue.</p> <p>Distribution of both reports to LHJs and/or other stakeholders, such as other agencies or community advisory groups.</p>	2		2008 Progress Report/Health Disparities, State Health Report 2006, Mental Health-A Public Health Approach Report, distribution lists and letters, SBOH Website
2.1 S	<p>Description(s) of public health's mission and role in communication documents (at least one example). Note: This might include implementing elements of the PHIP Communications Plan.</p>	2		Mental Health-A Public Health Approach Report, 2007 Annual Report
2.5 S	<p>Written descriptions(s) of roles for working with the news media that identify the timeframes for communications.</p> <p>Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators).</p>	1	Policy documents have not been reviewed and updated.	SBOH Policy: Media Guidelines 12/7/05, DOH Policy 17.006 Release of Confidential Data/Information 8/10/00
2.8 S	<p>Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. Note: If the</p>	2		SBOH Website/Rule Making/Publications/FYI, Governor's Interagency

	program/activity does not have any reporting and compliance requirements, the program/activity is exempt from demonstrating performance.			Council on Health Disparities website
4.10 S	One example of leadership in statewide statute or regulation development for two of the three areas listed below: • notifiable conditions, AND • environmental health risks AND • other threats to the public's health.	2		SBOHWebpage/Rule Making/HIV/AIDS, School Environmental Health and Safety
5.5 S	Documentation for most recent 24 months of all new employees receiving orientation to the agency EPRP. Annual review of agency EPRP with all employees (twice within last 24 months). Note: May be division or program specific documentation for every division or program or agency wide with documentation of attendance from every division or program.	1	This measure looks for all staff having 2 trainings within the last 24 months--80% of staff have completed training within the last year.	New Employee Orientation Checklist, Training Tracking Form
6.8 S	Description of the method(s) used for supporting the use of available resources for prevention services that address the three areas listed below: • leadership, AND • collaboration, AND • communication with partners. Reports of prevention evaluation results with evidence of distribution of notices of funding opportunities to LHJs and other stakeholders within last 14 months.	2		MH Transformation Grant PP presentation 5/21/08, SBOH Website/For Your Information, State Health Report 2006
7.1 S	List of critical health services and statewide access performance measures. Reports of monitoring and analysis of the access performance measures at least once in the last 24 months. Analysis must include quantitative and qualitative methods. Distribution of the access measures analysis reports to LHJs and other stakeholders within last 24 months.	2		Menu of Critical Health Services 7/01, Status Report 12/02, State Health Report 8/11/06, 2008 Progress Report/Health Disparities/Health Insurance Briefing Document
7.7 S	Two examples of reports of access barriers that affect specific groups within the state. Distribution of these reports to other state agencies that pay for or support critical health services within last 24 months.	2		State Health Report 2006, 2008 Progress Report Governor's Interagency Council on Health Disparities, distribution documentation
10.1 S	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	2		DOH Intranet/Policies and Procedures/Human Resources/Diversity, Equal Employment Opportunity, and Non-Discrimination (7/1/05), Salary Determination (7/1/05), Recruitment, Promotion and Appointments (7/22/07)/Cultural Competency

10.2 S	<p>Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure.</p> <p>Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007.</p> <p>Validation that an annual training plan is included in evaluation for each employee.</p>	1	Of 10 employees listed in training tracking log (3 appear to be new employees), 5 are shown on the evaluation tracking report, of which 3 are missing annual evaluations.	Position descriptions on shared drive, Performance and Development Plan Template/Part 2 Training and development needs/opportunities, Evaluation tracking report
10.4 S	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>	2		Training tracking form, contract for coaching
10.5 S	<p>Confidentiality and HIPAA policy.</p> <p>List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.</p>	2		DOH Policy/Employee Responsibilities with Confidential Information, DOH New Employee Checklist, Signed confidentiality statements
11.4 S	<p>Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the agency, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available, AND • a mechanism for gathering user feedback on the usefulness of the website.</p>	2	Note that the emergency contact number on the DOH website, while connecting to a 24-hour answering service, is not identified on the website as being available 24/7.	SBOH website link to DOH website

12.1 S	State Board of Health documents, including two examples of SBOH minutes, indicate that the SBOH performs all the activities listed below: • orients new SBOH members, AND • sponsors orientation for local BOH, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.	2		Scheduled orientations, BOH member orientation checklist 4/16/08, SBOH website/Local Boards of Health, Orientation to Partnership Washington state BOH-DOH 9/18/06, State BOH Bylaws Revised 10/12/05
12.3 S	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives.	2		SBOH Strategic Plan 11/14/07
12.4 S	Organization-wide strategic/operations plan includes all the topics listed below: • assessment activities, and the resources needed, such as staff or outside assistance, to perform the work, AND • use of health data, including the Local Public Health Indicator Report to support health policy and program decisions, AND • addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population.	2		SBOH Strategic Plan 11/14/07

Score Totals for: State Board of Health

% Demonstrates	84%
% Partially Demonstrates	16%
% Does Not Demonstrate	0%

Note: Totals may not equal 100% due to rounding